828 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 26 17494 CERTIFICATE OF DEATH pletely filled in by the funeral carbon papers. Pages 1 and 2 fent, within 72 hours after death. be executed within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Montgomerv MARYLAND Maryland Montgomerv b. CITY DR TDWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 26 minutes Bethesda Kensington signed by the attending physician and campletely filled in lburial-transit permit. Then please remave carbon papers. burial, cremation, ar remaval, and in any event, within 72 holds thru 12/24/66 and outstant d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Md. 20014 YES NO X 4208 Matthews Lane 3. NAME OF 4 DATE Month ved DECEASED (Type or print) DEATH Marv Saccardi December Frances 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Dro lost birthdoy) Months Hours WIDOWED DIVORCED 11 June 1959 Female White 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10h, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Student COUNTRY? INDUSTRY Washington, D.C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Donald A. Saccardi Mary K. Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records requires that the death (Yes, no, or unknown) (If yes give wor or dotes of service) 0 chru 1 The Clinical Center, Bethesda, Md. 20014 None 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN 300NSELAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Probable Ventricular Bradycardia attending physician. no rto burial 1 30 minutes (h) Pacemaker Failure Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been (d) Ventricular septal defect and complete heart block 2 years as the WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES XX NO be retained by the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. MEDICAL 20e. PLACE OF INJURY (Home, form, (Stote) 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While State C ot work shauld be 21. I certify that (A) (this haspital) attended the deceased from December 31, 1966, to Dec. 31, 1966 that (A) (we) last director, page 3 shaura we director, page 3 shaura with the Standard be filed with the Standard attack attack of the Standard with the Sta saw the deceased alive an December 31 19 66, and that death accurred at 12:27M, fram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED wrence Dec. 31. 1966 DIRECTOR PHYS. PHYS. Clinical Center, National 22c PHYSICIAN'S NAME (Type) Lawrence I. Bonchek, MD Institutes of Health Bethesda, Wd. 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL CREMATION. Bur (Specify) Gate of Heaven Silver 2So. REC'D BY REGISTRAR eris Sons. 5 VR A15 (4) 20 M 1/66 Ochanles

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17495 requires that the death certificate be executed within 24 hours after death death funerol : 1 ond ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY MARYLAND nonlorome TOWN (If ourside carparate limit c. LENGTH OF STAY IN 16 autside carparate limits, write RURAL and give pregrest tawn) ite RURAL and give nearest tawn) hours chescla filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hin 72 YES NO NAME OF Middle carbon Last 4. DATE Month Day Year completely DECEASED 12 15 19 66 (Type or print) event, DEATH S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARE ED NEVER MARRIED DATE OF BIRTH last birthdoy) Months Days buriol, cremotion, or removol, and in any WIDOWED DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of warking life, even if retired) INDUSTRY raskington physicion Seudens 21.50 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes af service) None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) -tronsit ONSE! AND DEATH PART I. DEATH WAS CAUSED BY: signed by IMMEDIATE CAUSE (a) DUE TO ANCREALITIS & oophoritis buriol Conditions, if ony, which gove (b) rise ta immediate couse (a). DUE TO stating the underlying cause Health prior to TO FUNERAL DIRECTOR: After this certificate has been the ATTENDING PHYSICIAN: The low 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) use YES TO NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Stote Dept. of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State) Haur a.m. Not While factory, street, affice bldg., etc.) at wark at work 1966, ta Doc 15, 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram 200 13 director, page 3 should should be filed with the saw the deceased olive on Doc 19 6 C, and that death accurred ot 2 120 M, from causes and on the date stated above. 220 GIGNATURE 22b. DATE SIGNED STAFF ATTENDING MED. DIRECTOR M TO HOSPITAL OR M.D. PHYS. 22d ADDRESS PHYSICIAN'S NAME (Type) isconsin Mes 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) Burlal (Specify) Silver Spring, Maryland 12-17-66 Gate of Heaven Cem. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 VR A15 (4) 20 M 1/66 iarlen PUMPHREY, Bethesda, Maryland DEC

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH USUAL RESIDENCE (Where decassed lived, If institution: Residence before admission) PLACE OF DEATH e. COUNTY e. STATE b. COUNTY MON19. MONIGOMERY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 24 KMAN 10WA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address executed within a. IS RESIDENCE d. STREET ADDRESS ON A FARM? Home INCO Waters Road YES NO X completely of paper: 4. DATE 3. NAME OF Middle Month DECEASED OF carbon pa (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In yaers | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months physician Then please remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) HOUSE WITE _= 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the hospital or attending physician. and NIINE removal, 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.1 Address (Yas, no, or unkown) | (Ifyas give war or dates of sarvice) None No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if any, which gava risa to immadiate cause (a), stating the underlying the After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION e o CERTIFICATION PERFORMED? nse prior YES NO IX sion detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of Injury in Part I or Part II of item 1B.) of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) may be retained by DIRECTOR: After 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., atc.) Not Whila Whila et work at work pe January, 1948, to Dea 2/ 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from... pinous Dec. 19.6. and that death occurred by Touth Mrom the causes and on the date stated above. saw the deceased alive on. 20 22e. SIGNATURE ATTENDING HOSPITAL with # DIRECTOR FUNERAL PHYS. PHYS. M.D. Page 22d. ADDRESS 22c. PHYSICIAN'S death. Part of FUNE director, per filed w NAME ATypa) Fawcett Dawsonsville, Md. John G. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Rocky Ridge, Md. Dec.24,1966 Burial 258, REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE Olin L. Molesworth, Damascus, Md. VR A15 (4) 20M S-63

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17497 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH funera o. COUNTY b. COUNTY MARYLAND signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Pages b. CITY OR TOWN (If autside/corparate limits write RURAL and give regards town) C. LENGTH DE STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town papers. Pag hin 72 haurs c d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? and in any event, within 72 NO NO YES NAME OF please remave carban 4. DATE Manth Year DECEASED 196 (Type or print) DEATH IF LINDER SEX 1 YEAR IF UNDER 24 HRS 6. COLOR QR RACE NEVER MARRIED DATE OF BIRTH AGE (In years last birthday) Manths Days Haurs WIDOWED 10o. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTH LACE (County & State, ar fareign cauntry) during most of working life, even if retired) INDUSTRY HOUSEIVIF 13. FATHER'S NAME MOTHER'S MAIDEN NAME ar remaval 16. SOCIAL SECURITY NO. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANI (Yes, na. or unknown) (If yes give war or dates of service burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH UNDIFFERENTIA TECH IMMEDIATE CAUSE (o) physician. DUE TO METASTATIC CARCINOMA Conditions, if any, which gave rise to immediate cause (a), DUE TO prior ta stating the underlying cause be retained by the haspital ar attending this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) far use detached far use te Dept. af Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 shauld be detache should be filed with the State Dept. 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City ar tawn) (County) (Stote) Haur a.m. While Nat While factory, street, affice blda., etc.) at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. , 1959, to 12-26 1966, that (1) (we) last saw the deceased alive an 12-22 1966, and that death accurred at 775 MM, fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17499 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pages I and Sturs of the state 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 10NT90meR MARYLAND wash b. CITY OR TOWN (If auside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) van papers. Pag within 72 haurs 3 mo, 2 YR Washington. D.C. ROCKVI e. IS RESIDENCE ON A FARM? 2 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS filled ITRSING Homp YES NO X NAME OF 4. DATE Month carban Middle Lost Doy Year DECEASED 30 Schmid 1966 December in any event, Auline (Type or print) DEATH IF UNDER S. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months Davs Hours December white WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) AT. F pup Home 14. MOTHER'S MAIDEN NAME Housewif 13. FATHER'S NAME remayal. 11.11 Dertha IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) ((If yes give wor ar dates af service 10 affen 0/06 Lindley G. Schmidt, Husb. Same as 577-48-INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).
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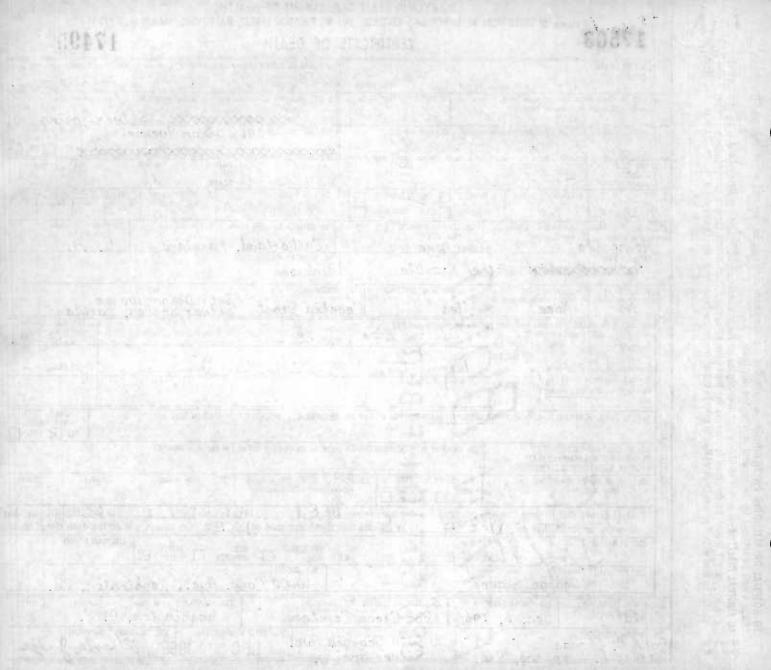
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death PHYSICIAN: The law requires that the death certificote be executed within 24 haurs after death. puo attending physician ond completely filled in by the funerol permit. Then pleose remove corbon papers. Poges 1 ond on, or remove, and in any event, within 72 hours after deatlent. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY MONTGOMERY MARYLAND MONTGOMERY MARYLAND b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h write RURAL and give negrest town) days VFR SPRING SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1501 DUBLIN ROSS Hospital NO X YES | NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED MARTHA 2 SENECA 3 1966 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthdov) Months Dovs Haurs YV hite emale WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY 2 Charlestown, Ind.)wn Home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Margaret Prather Marion Carr IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 150 Add Sublin Drive (Yes, no, or unknown) (If yes give war ar dates of service) Victor 9 Seneca Silver Spring. Md ues 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit cremot Fullure espiratory IMMEDIATE CAUSE (o) signed by DUE TO Metastatic Adenocurcinoma Lung Primary Unknow Canditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been os the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO T for 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Jo detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While 19 at wark at wark 21. 1 certify that (1) (this haspital) attended the deceased fram sent 19 66. ta 19ec/3 , 1966, that (1) (*** last saw the deceased alive an wee 12 19 66, and that death accurred at 8 4 M, fram causes and an the date stated above. 22a SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR director, poge 3 should be filed 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) Cedar La. Beth .. James 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) (County) REMOVAL (Specify) Charlestown, Indiana harlestown Cemetery urral 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Georgia Ave VR A15 (4) Charles Silver Spring 20 M 1/66 Pumphrey Warner ?

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17503 CERTIFICATE OF DEATH ond 2 deoth. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) and completely filled in by the funeral remove corban papers. Pages 1 and o. STATE o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jown) write RURAL and give nearest town) 5 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 8415 within 72 h 3. NAME OF 4. DATE Month First Middle Lost Doy Year DECEASED 00 1966 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) **INDUSTRY** Housewite Cumberland, Maruland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removol F La Nackrawolexacoleka Nathen Rramble Unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Dixon Avenue 0 Cecelia Irost cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) by DUE TO signed buriol. Conditions, if ony, which gove rise to immediate couse (o), DUE TO for use os the k Health prior to b stoting the underlying couse be retained by the hospital or ottending Page 4 may be retained by the hospital or ottending to FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION YES X NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While ot work of work pe 21. I certify that (I) (this haspital) attended the deceased fram Dec 1 , 1966, to Dec 2 , 1966 that (1) (we) last should ith the saw the deceased alive an Dec 2 19 Le and that death accurred at 1530 PM, fram causes and an the date stated above. 220. SIGNATIVE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. M.D. PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) George Shayee 10400 Ave. Kensington (onn. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) RUREMOYAL (Specify) Washington. Rock Creek Cemetery Dec. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 MIDATE DEC 8



MANUFACE PELAKUMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17504 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O COUNTY MONTGOMERY a. STATE Page to death. MARYLAND MONTGOMERY 3 b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) , 2, c. PM3. write RURAL and give nearest town) Departm after 16 uears SILVER SPRING SILVER d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Office alang with farm haurs NO X YES T Give Pages ate haurs after death. NAME OF 4. DATE First Middle Lost Manth Day Year DECEASED 0F 12 within ARGARE JIHAFFER. 19 66 (Type or print) DEATH with IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs Item 18. XX white Sep. 6, 1915 Female DIVORCED WIDOWED event 0 and 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Own Home Highspire, Pennsylvania Housewife = Examiner 14 MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME be executed within Fred Patton Myrtle Will = WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 214 Dale Drive pending" in ef Medical E (Yes, na, prunknawn) (If yes give war ar dates of service remaval. Ernest C. Shaffer Vone ues INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiorespiratory failure due to or IMMEDIATE CAUSE (o) ward This certificate shauld crematian, DUF TO Conditions, if any, which gave carbon monoxide poisoning rise to immediate cause (a). DUF TO 0 stating the underlying cause farwarded OS burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO certificate, priar ta pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) pluods PRIMARY DI or CONTRIBUTING | shauld Deceased connected garden hose from exhaust into CAUSE OF DEATH. car vent ogent, (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) Home (Garage) Nat While may be retained far yaur FUNERAL DIRECTOR: Page Silver Spring Mont. 12-12 19 66 Md. at wark at work please execute designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry 13d and in my opinion deoth resulted from Natural couses Accident Suicide X Undétermined monner the funeral directar ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY EXAMINER'S FUNE Health TOWN, Or county) NAME (Type)/26/ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) Burial (Specify) Fort Lincoln Cemetery Prince Georges Co. 16 2So. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR Charlen VR A15ME (5) DATE DEC

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND 17505 CERTIFICATE OF DEATH

2000	J	CENTIFICATI	C OF DEATH			.2 . 2 .		
1. PLACE OF DEAT	Н		2. USUAL RESIDEN	CE (Where decea			e before admission)	
	Montgomery Maryland			1	b. COUNTY			
b. CITY OR TOW	/N (if outside corporate limits.	I c. LENGTH OF STAY IN 1b	Maryland			nce Geo		
write RURAL	and give nearest town)		Seat Pleas				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Bethesda	SPITAL OR INSTITUTION (if not in	41 days	d. STREET ADDRESS			16.2	e. IS RESIDENCE	
							ON A FARM?	
	cal Center, Beth		12 Dainle	r Drive			YES NO XX	
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year	
(Type or print)	Lisa	Patricia	Shannon	DEATH	Decemb			
5. SEX	6. COLOR OR RACE 7. MARRIE	INCACK MAKKIED	B. DATE OF BIRTH		AGE (In years IF last birthday) Mo	UNDER 1 YEAR onths Davs	Hours Min.	
Female	Negro WIDOWE	D DIVORCED 1	8 February	1965	1 yrs.	Ulitis Days	Hours Will.	
10a. USUAL OCCUPAT	TION (Give kind of work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (C	county & State, o	r foreign country)	12. CITIZEN COUNTRY	OF WHAT	
Chil		INDUSTRY	Maryland	i	Maria Care	USA	11	
13. FATHER'S NAM			14. MOTHER'S MAIL					
Leonard	Shannon		Dorothy I	Brown				
15. WAS DECEASED	EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.			Address		-	
(Yes, no, or unkown)	(If yes give war or dates of service)		The N	dedical	Record, 1	Nationa	1	
	DEATH I Francisco and and and		titutes of	nearth,	laryland		ERVAL BETWEEN	
	DEATH [Enter only one cause per EATH WAS CAUSED BY:	.,,,,,					SET AND DEATH	
111 11	IMMEDIATE CAUSE (a) Ca:	rdiac arrest sec	condary to l				hour	
461.0	DUE TO		1497-14		ary edem	8,		
Conditions, If	any, which) (b) Supe	erior vena caval					hours	
gave rise to cause (a), s	tating the DUE TO				ry atres			
underlying caus	se last.) (c) Pos	toperative super	cior caval	shunt fo	r tricus	pid/ 12	0 hours	
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASECONDI	TION GIVEN IN PAI	RT 1(a) 19.	WAS AUTOPSY PERFORMED?	
(1) Ca	strointestinal h	emorrhage second	dary to str	ess ulce	er/ebiai	YE	ES XX NO	
20 ACCIDENT WAS UNKERLYING 1 20 DESCRIBE HOW UNITED OCCURRED FORTH PART I OF PART I OF ITEM 18.					200			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
ZOC. TIME OF	INJURY Month, Day, Year 20d.	INJURY OCCURRED 120e, PLA	CE OF INJURY (Home, f	arm. 20f. (C	Ity or town)	(County)	(State)	
20c. TIME OF Hour a.	m. Whi	le Not While facto	ry, street, office bldg., e	etc.)			4	
	m. 19 at w				0.0			
21. I certi	21. I certify that XI) (this hospital) attended the deceased from 1 November, 19 66, to 12 December 66 that XIII (we) last saw the deceased alive on 12 December 1966, and that death occurred at 9:35 M, from the causes and on the date stated above.							
saw the de	ceased alive on 12 Decei	nder 1900, and that	death occurred at	2:35M, from	n the causes an	d on the dat	te stated above.	
22a. SIGNATU			ATTENDING -	MFD		22b. DATE SI		
Rek	2000min	U, MD M.D	PHYS.	DIRECTOR			12,1966	
22c. PHYSICIA NAME (T	ype)		22d. ADDRESS					
	R. Darryl Fis	her, M.D.	Institutes		1th, Bet			
23a. BURIAL, CREM REMOVAL (Sp	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	-	23d. LOC	ATION (City, town	or county)	(State)	
BUKIAL	12-16-06	OAK GROYEC	EMETERY	ELIZI	ABETHCI	TY,	N.C.	
24. FUNERAL DIRI	ECTOR WIHIJONES	JR. ADDRESS	25a. RE	C'D BY REGIST	RAR 25b. REGI	STRAR'S SIGN	-	
MALCAN	FUNERAL HON	E FIIT CITY	N.C. DATE	DEC 16	1966 &	Charle	Judge	
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BURIAL 12-16-66 DAK GROVE CHMETERY ELIZABETH CITY, IV.C. WITH JONES JR. WALSON FUNERAL HOME, ELIZ. CITY, N.C.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 17506 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY P.M.3. Poge death. 0 MARYLAND delay b. CITY OR TOWN (If autside carparate limit c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) after (IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Office olong with form hours in Item 18. Give Pages YES NO 24 hours ofter death. NAME OF DATE within 72 Doy Year DECEASED (00 (Type or print) 19 DEATH S. SEX 6. COLOR OR, RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 14 lost birthdoy) Months Dovs Hours WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY 3/ Chief Medical Examiner 13. FATHER'S N pencil 14. MOTHER'S MAIDEN NAME be executed within MCCABE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give wor or dotes of service remavol. 18. CAUSE OF DEATH (Enter only one couse per lige INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 30 IMMEDIATE CAUSE (o) word certificate should cremotian, DUE TO Conditions, if any, which gove arwarded to rise to immediate couse (o), DUE TO stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS! PERFORMED? please execute the certificate, YES 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, priar PRIMARY Or CONTRIBUTING **EXAMINER:** CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. moy be retained far your FUNERAL DIRECTOR: Page Not While foctory, street, office bldg., etc.) ot work designoted 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection \ Inquiry 1 and in my opinion funerol director. Notural causes death resulted from Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY **EXAMINER'S** Health (NAME (Type) 23o. BURIAL CREMATION. DATE THEREOF 23c. NAME OF CEMETRY OR CREMATORY 23b. 23d. LOCATION (City (County) 50 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 3603-1 VR A15ME (5) 6M 1/66

17498 Acute Courany Colinson Les Cotes Milliters BELDEN K. NEADON TO THEELD KILLING

1	l tems 10%21 Film Division of	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MA	ARYLAND 21201
FOR STATE	17507	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17499
2 ond 3 to PM3. Page partment of after deoth.	1. PLACE OF DEATH O COUNTY 6. CITY OR TOWN (If autside carpor write RURAL and give nearest f	MARYLAND maryland	stitution: Residence befare odmission) COUNTY Montgomery e RURAL ond give nearest town)
form form	d. NAME OF HOSPITAL OR INSTITUTION 3. NAME OF	ION (If not in hospital, give street address) A Spital First Middle Lost A DATE	CAVE e IS RESIDENCE ON A FARM? YES NO Manth Day Year
along along with the	DECEASED (Type of print) factors of the white	PARTY MATICA STELLE DEATH RACE J. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year WIDOWED DIVORCED 7-2-87 PST MARRIED STELLED	ors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of w during most of working life, even if retire Housewife 13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?
be executed wir "pending" in pe hief Medical Exar onsit permit. File or remaval, ond	15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes give wor	FORCES? Odates of service) yes 16. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL Record Y one cause per line for (a), (b), and (c).)	Address INTERVAL BETWEEN
This certificate should be executed within 24 cate, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's be used as a burial-transit permit. File pages to burial, cremation, or remaval, and in any	PART I. DEATH WAS CAUSED IMMEDIA? 433. Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost.	(c) Cardiac arrest secondary to DUE TO (b) arrhythmia of unknown etiology DUE TO (c)	ONSET AND DEATH
This certificate, writibe forward be forward be used to buriol	CATION	DITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(YES NO
INER: should liles. 3 should a should liles.	3 20c. TIME OF INJURY Month, Day		
L EX ecute Page or yer.	p.m.	Notural couses Accident , Suicide , Homicide , Undetermine	Inquiry ond in my opinio
ny, eral be be or i	ACTUAL SIGNATURE DELOS NAME (Type) BELDE	Cen CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, City, Town, or county)	22. DATE SIGNED
TO DEPL necesso the fun 5 moy TO FUNE Heolth	23g RUPIAL CREMATION 23h	DATE THEREOF 2My NAME OF CEMETERY OF CREMETERY 23d. LOCATION (City Columbus	
VR A15ME (5)	BREMOVAL (Specify) 12/ 14. FUNERAL DIRECTOR MATTHEWAY PRINCIPAL Warner E. Pumph	. Thomas 04)4 yeorgia rue. UEU JU 1300	h Begistrar's signature

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17508 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH ond campletely filled in by the funera remave carban papers. Pages 1 and o. COUNTY o. STATE b. COUNTY Montgomeny
b. CITY OR TOWN (If autside carporate limits, MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) MEDGE SILVER SPRING IS RESIDENCE ON A FARM? papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 7801 YES | NO V HOLV 3. NAME OF 4. DATE Middle Lost Month Dov Year DECEASED Shelton December (5/h (Type or print) DEATH IF UNDER 24 HRS. S. SEX 9. AGE (In years IF UNDER 1 YEAR TA DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthday) Months Days Haurs DGC. 18, 1966 WIDOWED DIVORCED 2 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) **INDUSTRY COUNTRY?** 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME DIANNE Shelton 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates of service) AS ABOUG DANNY L. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate cause (a), **DUE TO** stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USe YES NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, office blda., etc.) Hour o.m. Nat While at work at wark Page 4 may be retained by Our 11, 19 66that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from_ Dec 10, 19 66, to. 16 19 66, and that deoth occurred of 6 M, from couses and on the date stated obave. saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S -EITEL NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) Silver Spring, Maryland Gate of Heaven 12/13/66 2Sb. REGISTRAR'S SIGNATURE Rockville, Tyson Wheeler Funeral Home 20 M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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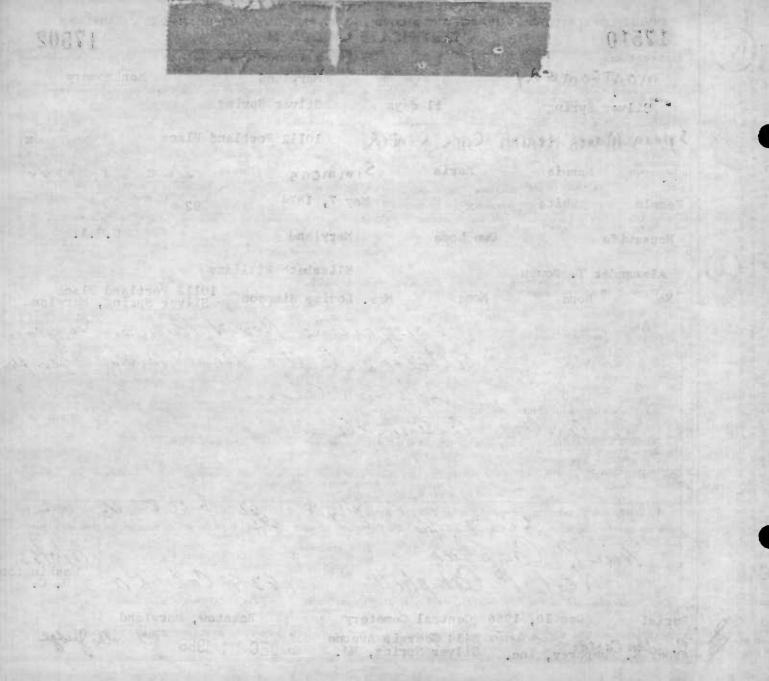
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W . PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) a. COUNTY hours b. COUNTY by the and 2 death. b. CITY OR TOWN (if outside corporata limits, MARYLAND Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) .57 after YEARS CERMEN TOWN Germantown Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE papers. Pag in 72 hours ON A FARM? Unknown YES NO completely 3. NAME OF 4. DATE Month Dey Yeer DECEASED OF and comp carbon pa (Type or print) DEATH 19 66 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdey) Months Deys event WIDOWED DIVORCED physician ease remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) any WASTINGTON 11.5.7. CORSIETIER 13. FATHER'S NAME MOTHER'S MAIDEN NAME .5 attending removal, and Then ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) been signed by the permit. attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH 5 PART I. DEATH WAS CAUSED BY: 3 mm IMMEDIATE CAUSE (e) the has been signed the burial-transit burial, cremation, cremation, DUE TO Conditions, if any, which gave rise to immediata cause DUE TO (a), steting the underlying ceusa lest. the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION S 0 PERFORMED? prior YES NO X 20a. ACCIDENT WAS UNDERLYING 20b. DES CRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) may be retained by the P DIRECTOR: After this c 3 should be detached for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While Hour a.m. ō et work et work 19 Dept. p.m. 21. I certify that (I) (this hospital) attended the deceased from.... to. 19.6. and that death occurred at 11.2. M, from the causes and on the date stated above. saw the deceased aliveron SIGNATURE 22b. DATE 22e. ATTENDING MED SIGNED PHYS. DIRECTOR PHYS. O HOSPITAL death. Page 4 M.D. page with t 22c. PHYSICIAN'S 22d. ADDRESS rector, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State REMOVAL (Specify) の意義 Rock Creek Cemetery Washington. Buri -1966 24 EUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

20M 5-63

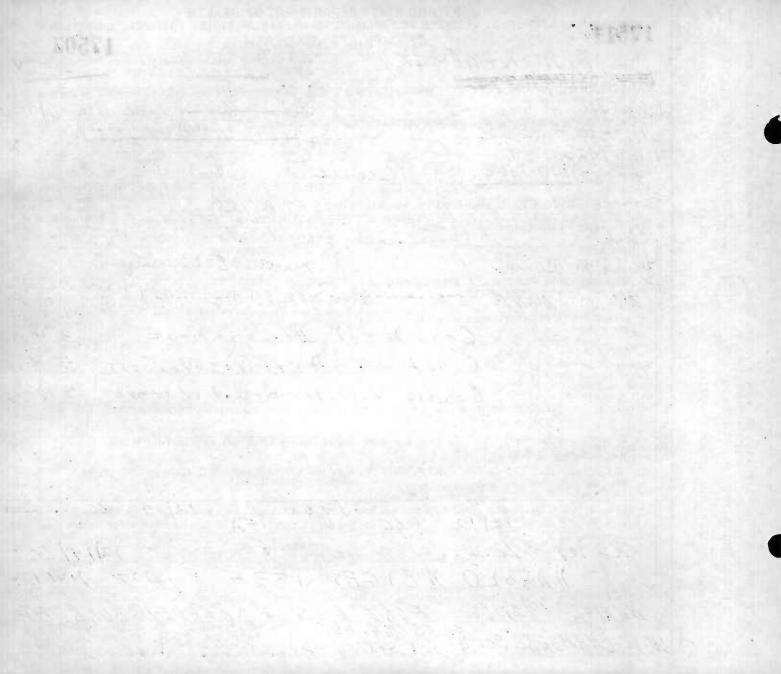
CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Montgomery the 1 MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, pue c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest to n) write RURAL end give nearest town)
Silver Spring Silver Spring 11 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE d. STREET ADDRESS ON A FARM? 10112 Portland Place ealth YES NO X papers. completel 3. NAME OF Middle Last 4. DATE Day Yeer DECEASED Maria (Type or print) Nannie DEATH 19 mmons carbon withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) and death certificate be Months Days Hours May 7, 1874 White Female WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? гетоме 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Maryland U.S.A. Housewife Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Elizabeth Williams Alexander T. Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 10112 Portland Place 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) None Mrs. Louise Simpson Silver Spring, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPSY 80 0 PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) CERTIFI 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (Stete) 20c. TIME OF INJURY 20f. (City or town) Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work TOR: 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on.... 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) rector, filed (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREO! NAME OF CEMETERY OR CREMATORY LOCATION (City, fown or county) REMOVAL (Specify) D # 3 Dec 10, 1966 Barstow, Maryland Central Cemetery Burla 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU DIRECTOR'S 8434 Ageorgia Avenue VR A15 (4) 1966 15M 9/60 Silver Spring. Md.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE ΩF DEATH funeral and 2, after death. death and 1. PLACE DF DEATH 2, USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY. by the face 1 by after 1 brs after 1 a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give/nearest town) papers. Page hours Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within NO 🔀 YES executed within completely carbon NAME DE First Middle Last 4. DATE Month Day Year DECEASED DF (Type or print) 0 1.2 DEATH 19 5. SEX remove 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED 8. DATE OF BIRTH 9. NEVER MARRIED lease remov last birthday) Months and Days WIDOWED 5 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) physician be during most of working life, even if retired) INDUSTRY COUNTRY? certe certificate ㅁ 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova fing pl 15. WAS DECEASED EVER IN U.S. ARMED FORCES? atten 16. SOCIAL SECURITY NO. 17. INFORMANT permit 0 (Yes, no, or unkown) (If yes give war or dates of service) cremation, the CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN law requires that the been signed by t the burial-transit or to burial, crema ONSET AND DEATH PART I, DEATH WAS CAUSED BY: PHYSICIAN: The law requires that to the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUF TO cause (a), stating prior underlying cause last. has ERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY After this certificate had be detached for use State Dept. of Health for use Health PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ਹ MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While OR ATTENDING be retained by p.m. 19 at work at work DIRECTOR: A age 3 should lied with the \$ 21. I certify that (I) (this hospital) attended the deceased from. 19 1966, that (I) (we) last and that death occurred at saw the deceased alive on. _M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED director, page should be filed ATTENDING PHYS. MED. Page 4 may b M.D. DIRECTOR PHYS FUNERAL PHYSICIAN'S 22 c. 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. 23a. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 10 FUNERAL DIRECTOR 24. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE by the fi after Montgomery Maryland Pr.Geo. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours write RURAL and give nearest town) hours D.O.A. W. Hyattsville Takoma Park = e. IS RESIDENCE ON A FARM? filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6911 -17th Ave. Washington San. & Hosp. YES NO X etely executed within DATE Year NAME OF First Middle Last Month Day DECEASED Smith complet resparb event, v 12 19 66 Edgar DEATH (Type or print) IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | Jast birthday) | Months | Days 7. MARRIED X NEVER MARRIED Hours P 日 any Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT E 11. BIRTHPLACE (County & State, or foreign country) physician and in INDUSTRY The law requires that the death certificate be during most of working life, even if retired) COUNTRY? England U.S.A. Retired Bricklaver removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address transit permit. (Yes, no, or unkown) (If yes give war or dates of service) (above address) Mrs. Edith Smith the INTERVAL BETWEEN ONSET AND DEATH CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit or to burial, cremati PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. certificate has WAS AUTOPSY 19. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? YES ! NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20b. of detached be detached State Dept. c MEDICAL (State) 20f. (City or town) (County) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. After 1 Not While be retained by ATTENDING 19 at work at work FUNERAL DIRECTOR: Af director, page 3 should I hould be filed with the S should 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1960 M, from the causes and on the date stated above. over 1966, and that death occurred at saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS director, p should be f Pr.Geo.Plaza. Hy., Md. Edgren NAME (Type) Donald (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) Hvattsville. 2 Geo. Wash . Cem. Buria ADDRESSMt Rainier,25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR. Nalley's Inc. VR A15 (4) Home DATE 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	(PLACE OF DEATH a. COUNTY monlgon	eny Coun		RYLAND	2. USUAL RESIDEN a. STATE A. A	RYLAND	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	包铁线	Co
		b. CITY OR TOWN (If offside carp. write RURAL and give negret) d. NAME OF HOSPITAL OR INSTITUT		1000	IN 1b	c. CITY OR TOWN, C		e limits, write RI	URAL MODIVE	1938160	X 15.1
1		10800 GEORG		APT. 214			EORGIA	AVE.	APT.	214yes [A FARM?
		NAME OF	First are t	Cecelia Middle	S	nith	4. DATE OF DEATH	Mai		2 0	Year 1966
	S. :	SEX + 6. COLOR OR	RACE 7. MARRIE WIDOWE			DATE OF BIRTH		AGE (In years last birthday) yrs.	Manths	Days Hau	
	duri	USUAL OCCUPATION (Give kind of ving most of working life, even if reting		INDUSTRY SCI	wool	11. BIRTHPLACE (Co	on Pa	eign country)	12. CIT	IZEN OF WHAT	5
		Thomas L.	Smit	7		14. MOTHER'S MAIL	Jane	O'ne	ill	Com to	
		was DECEASED EVER IN U.S. ARMEI es, na, ar unknawn) (If yes give wo		6. SOCIAL SECURITY NO. 579-60-277	8 Se	ster M	iss Ros	e an	ress Sec L	mitt)
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA		for (a), (b), and (c).)	erel	and 1	Lemor	hog	<u></u>	ONSET ANI	
		Canditians, if any, which gave rise ta immediate cause (a),	(0)	levins	cler	The V	aven	las Dis	ears	74	γ.
		stating the underlying cause last.	(c)								u-H.
0	ATION	PART II. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTIN	G TO DEATH BUT NOT R	ELATED TO TH	IE TERMINAL DISEASE	CONDITION GIVE	I IN PART 1(a)		19. WAS A PERFO	NO PSY
	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING □ CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAM	EATH	DESCRIBE HOW INJURY	OCCURRED. (E	inter nature af injur	y in Part I ar Part	II af item 18.)			
	MEDICAL	20c. TIME OF INJURY Month, Do Hour a.m. p.m.	19 What w	I. INJURY OCCURRED hile Nat While at wark	facta	OF INJURY (Hame, ry, street, affice bldg.	, etc.)	(City ar tawn)		unty)	(State)
		21. I certify that (1) (saw the deceased ali	this hospital att	ended the deceased	d fram and that	death accurred		, fram causes	s and an th		
		22a. SIGNATURE	chin	cherin	M.D.	111101	MED. DIRECTOR	STAFF [TE SIGNED - 2-9-0	66
		22c. PHYSICIAN'S NAME (Type) E/12	beth C	hickory	NE	22d. ADDRESS 360		inceli	rail	an	e
		REMOVAL (Specify)	. DATE THEREOF -31-1966	23c. NAME OF CE		emeterv	Ple	CATION (City or T	Mount	(Caunty)	(State)
	24	FUNERAL DIRECTOR Joses	oh Gawle:	Annerco	Inc	25a.	REC'D BY REGISTR	1967 1	REGISTRAR'S SI	CNATURE JA	age

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate De

Page 4 moy be retained by the hospitol or attending physician.

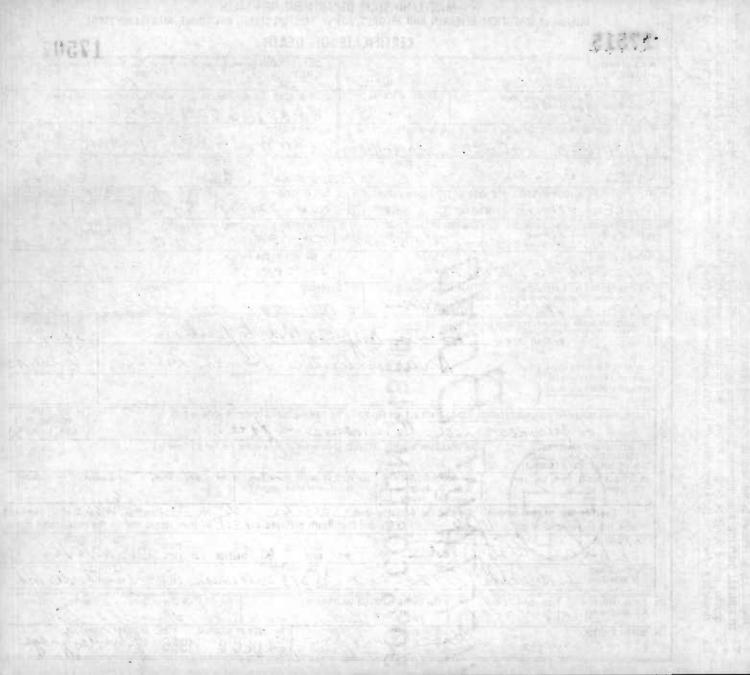
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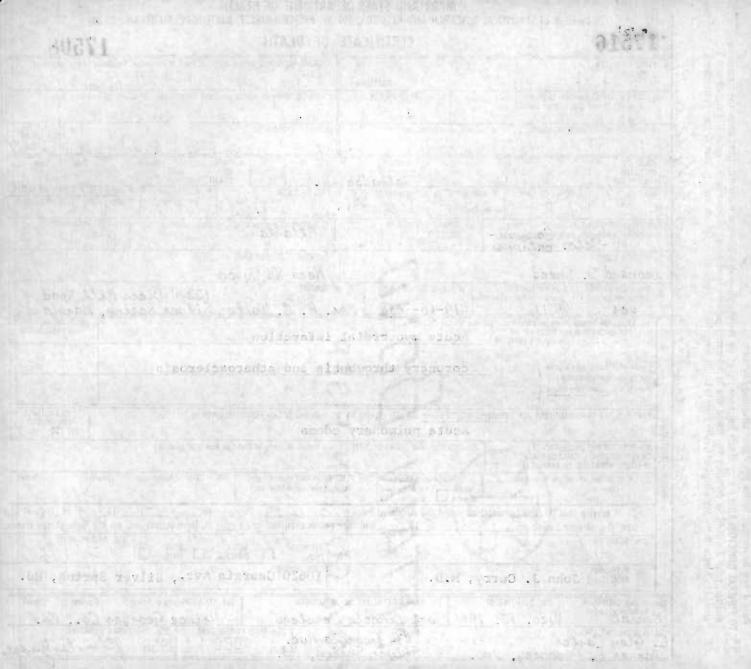
gin it is

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17515 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral 1 opd 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF OEATH o. COUNTY o. STATE MONTGOMERY MARYLAND ease remove corbon papers. Pages 1 and in ony event, within 72 hours after CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) 11DAYS WASHINGTON KENSINGTON filled in d. STREET AOORESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) ON A FARMS 173 KFNSINGTON GARDENS SANITARIUM 4. OATE 3. NAME OF Middle Year DECEASED 1966 SMITH **OEATH** (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S SEX DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) NOV. 22.1869 MALE WHITE WIDOWED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of warking life, even if retired) **LNDUSTRY** FREDERICH U,S,A FURNITURE BUSINESS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GRIFFITH MILTON JOSEPHINE G. 5M1+H 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service permit, INTERVAL BETWEEN 1B. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **OUE TO** signed b Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause os the prior to be retained by the hospitol or ottending lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) O FUNERAL DIRECTOR: After this certificate has for use Carcinoma ace. NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of july in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING THEAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur a.m. Not While ot work ot work ocloker 1966 to Becomber 1966 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram____ 1966, and that death occurred at 145PM, from causes and an the date stated above 126 saw the deceased alive an 22b. DATE SIGNEO 22a. SIGNATURE **ATTENOING** DIRECTOR director, page 3 should be filed v M.D. PHYS AODRESS PHYSICIAN'S Poge 4 moy NAME (Type) 23b, DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)_ (Stote) 23a. BURIAL CREMATION. REMOVAL)(Specify) 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles 1966 VR A15 (4) DEC 9 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17516 CERTIFICATE OF DEATH 24 hours after death ond completely filled in by the funeral remove carbon popers. Poges I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM NO T YES Certificate be executed within NAME OF Middle 4. DATE Lost Doy Year DECEASED (Type or print) E DEATH IF UNDER 1 YEAR IF UNDER 24 HRS SFX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost bigthdoy) Months Doys Hours WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if reined warn 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY ? please INDUSTRY physician puo IFRK - Tele cations FOR 91A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME offending phys removal, Leonard J. Sneed Nera XX Juson 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12244 Chers Mill Road requires that the death permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 5 419-16-7688 ION. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN cremot buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute myocardial infarction IMMEDIATE CAUSE (o) signed by physician. DUE TO buriol. Conditions, if ony, which gove coronary thrombosis and atherosclerosis (b) rise to immediate couse (a). **DUE TO** stoting the underlying couse be retained by the hospitol or ottending DIRECTOR: After this certificate has been os the prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? use Acute pulmonary edema YES X NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. (City or town) (Stote) TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Not While foctory, street, office bldg., etc.) ot work pe 21. I certify that (1) (this haspital) attended the deceased fram 12 ploods 19 Lec, and that death occurred at 1504 M, fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. director, poge should be filed 10620 Georgia Ave., Silver Spring, Md. 22c. PHYSICIAN'S Page 4 may 1 Curry, M.D. NAME (Type) John J 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23h DATE THEREOF (County) (Stote) BREMOVAL (Specify) Prince Georges Lincoln Cemetery Dec. 1966 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR FUNERAL DIRECTOR Georgia Ave Melanley Glen Carter VR A15 (4) 20 M 1/66 DEC 1966 Silver Spring Dumphrey



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17512 17509 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If outside carparate-limits, write RURAL and give nearest town) write RURAL and give perfest town d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) NO 7 NAME OF First Middle 4. DATE Month Doy Year Last DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED 7. MARRIED birthday) Manths Days Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during grast of working life, even if retired) INDUSTRY .50 WIL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI 16. SOCIAL SECURITY NO 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 577200 (Yes, na, ar unknawn) (If yes give war or dates af service) 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction, massive

Coronary thrombosis, recent

Coronary arteriosclerosis

IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

19. WAS AUTOPSY PERFORMED? YES T NO

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year

20d. INJURY OCCURRED Not While

20e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)

M.D

BETH-EL CEMETERY

20f. (City or town)

(State)

NAME (Typ.

at wark at wark

19/2 to Dec

1966 that (I) (we) last 1966, and that death accurred at 1320M, from causes and on the date stated above. 22b. DATE SIGNED

(County)

22o. SIGNATURE 22c. PHYSICIAN'S

JAMES W.

23b. DATE THEREOF

12-26-66

DUE TO

DUE TO

(b)

EGAN

22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY

PHYS.

23d. LOCATION (City or Town)

STAFF

PHYS.

CHEYENNE, WYOMING

1966

(State) (County)

23a. BURIAL, CREMATION 24. FUNERAL DIRECTOR

PUMPHREY ROBERT A.

ADDRESS BETHESDA, MD. 2So. REC'D BY REGISTRAR

DIRECTOR

2Sb. REGISTRAR'S SIGNATURE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires thot the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or attending physician. hours completely filled in papers. Within 72 remove corbon event, removal, and in any physicion ond offending phys cremotion, or signed by the buriol-tronsit p burial, as the TO FUNERAL DIRECTOR: After this certificate hos been of Heolth prior to use Por detached director, poge 3 should should be filed with the

the funeral loges 1 and 2 rs after death.

VR A15 (4) 20 M 1/66

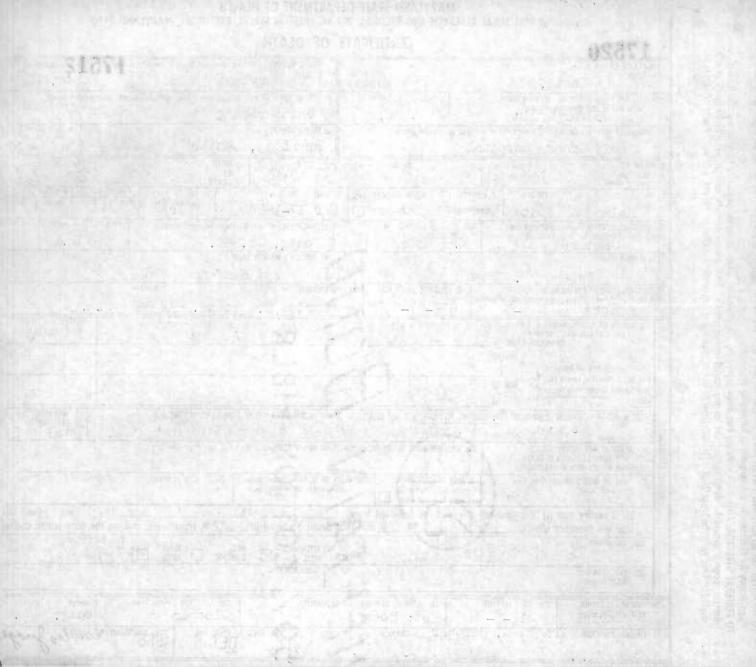
angunya , estember 12. Kilikuwa 12. Militara and one introllegal exercise alconolines, we led the amenda Massive Gastrointestinal Homorrhage 12.19.66 54B Color Long Ostlender A MIND S HINDS IN SECTION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17518 17510 CERTIFICATE OF DEATH the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY ician and campletely filled in by the fulease remave carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b (If gutside corporate limits, write RURAL and give nearly town write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? NO V YES T ician and campletery release remave carban NAME OF Doy Year DECEASED OF DEATH -(Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** last birthday) Months Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, UNICUOUR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dotes of service 7600 carroll to burial, crematian, IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse stached far use as the Dept. of Health priar ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work 1966, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from be retained 1966, and that death accurred at 6 050 M, fram causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS. tar, page 22d. ADDRESS 22e. PHYSICIAN'S O FUNERAL Simon C. Weiner NAME (Type) NAME OF CEMETERY OR CREMATORY 23a- BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) direct (County) (Stote) CLODGE CEMETERY 24 FUNERAL DIRECTOR 2Sb. Afera Terrecolt Gral

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. certificate be executed within 24 hours after death ond completely filled in by the funerol remove corbon papers. Pagge-T and in ony event, within 72 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence b PLACE OF DEATH o COUNTY b. COUNTY Maryland Montg. Montg. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
Silver Spring c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg da. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rural #3, Box331 Hospital Holy Cross YES NO X 3. NAME OF DECEASED 4. DATE Middle TINO Month Doy Year 19 (Type or print) DEATH 9. AGE (In years Inst birthdoy) (8 Yr Syrs IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH V S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Hours Dovs Mar 17-1888 and in ony White WIDOWED Male DIVORCED 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Retired COUNTRYS INDUSTRY Montg. Co. Md. Carpender 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal Mary Hanfann Stang Joseph D. 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. The law requires that the deoth (Yes, no, or unknown) (If yes give wor or dotes of service) T. Stang. As #2 578-07-3378 Marie cremotion. INTERVAL BETWEEN ONSET AND DEATH IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO buriol. Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Poge 4 moy be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been Heolth prior to far use as the 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MEDICAL CERTIFICATION 0110110 NO F YES X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item (B) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While 1966 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 12 66 ta should 19 65 and that death accurred at 4.40 M, fram causes and an the date stated abave. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF DIRECTOR M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION. (County) Montg REMOVAL (Specify) 12-6-66 Clopper Md. St; Rose REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ernest VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17521 CERTIFICATE OF DEATH death death. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYI AND haurs after remave carban papers. Pages 1 in any event, within 72 hours after Montgomermary montgomery by the f Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) hours akoma .= e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 24 filled i YES NO K 3. NAME OF Middle DATE Year Lost Month Doy campletely OECEASED 1966 Type or print) George DEATH be executed 5 SEX IF UNDER 1 YEAR SELINDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (in years 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours 12-17-86 WIDOWED OIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT rending physician an mit. Then please re ar removal and in during most of working life, even if retired) action the death certificate Pennsyl vania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN Address permit. (Yes, no, or unknown) (If yes give war or dates of service -05-Sani washing burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND OEATH PART I. OEATH WAS CAUSED BY. requires that IMMEDIATE CAUSE (o) attending physician. DUE TO 18 mont Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse has been see as the the prior take lost. 19. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use State Dept. of Health YES [NO by the hospital or this certificate 20o. ACCIDENT WAS UNDERLYING I 20b. OESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work L_ ot work O FUNERAL DIRECTOR: After 19/05, to Dec. 6 21. I certify that (1) (this haspital) attended the deceased fram 1966, that (1) (we) last be retained directar, page 3 shauld shauld be filed with the 1966, and that death accurred at 2:5017 M, fram causes and an the date stated above. saw the deceased alive an all C 220. STONATURE 22b. DATE SIGNEO **ATTENDING** STAFF PHYS. M.O. DIRECTOR PHYS. HYSICIAN'S 22d. AODRESS NAME (Type) 601091 BURIAL, CREMATION LOCATION (City or Town) (County) (Stote) 2So. REC'D BY REGISTRAR

VR A15 (4) 1 20 M 1/66

Ho Saleth Windows And Salet

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17522 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death the funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND filled in by the Pages burial-transit permit. Then please remove carban papers. Pages l burial, crematian, ar remaval, and tranfy event, within 72 hours attef b. CITY OR TOWN (If autside corporate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) RURAL and gly) neares) town d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? NO D Day Year DECEASED December 1966 (Type or print) IF UNDER 24 HRS S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED last birthdoy) Months WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY: **COUNTRY ?** Wilmington Deleware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna M Clancy. Andrew A Fulmele WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes no, or unknown) (If yes give war ar dates af service) 7600 Carro IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (g) DUE TO Autoricidentic Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior ta vtenosclevosis has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Lea Kemia umphatic Severe TO FUNERAL DIRECTOR: After this certificate be retained by the haspital or 20o. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) Not While at work 21. I certify that (1) (this hospital) attended the deceased from Ochober 16, 1966, to December 21966, that (1) (we) last saw the deceased glive on December 2, 1966, and that death accurred at 125 M, from causes and on the date stated above. 220 SHOWATURE 22b DATE SIGNED ATTENDING PHYS. DIRECTOR Heights, Md (Viz DR, 2003 22d. ADDRESS 4300 Marlow 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (Stote) 23b. DATE THEREOF Gate of Heaven Cem Wheaton Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles

MARYLAND STATE DEPARTMENT OF HEALTH

7 1631		Division of STATIS		ARYLAND STATE DE		LTH , BALTIMORE, MARYLA	IND 21201
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cate be executed within 24 haurs after death sician and completely filled in by the funeral please remave carban papers. Pages 1 and 2, and in any event, within 72 haurs after death	PLACE OF COUNTY	EATH NONTERINER	/	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived, if institution b. COUNT	n: Residence before admission)
aurs afte by the f Pages	write RU	OWN (If outside corporate limit RAL and give nearest town)	16	LENGTH OF STAY IN 16	SILVERS	de carparate limits, write RURA PRING	15.1
hin 24 ho filled in papers.	H	4 /0 / 0 / 0	55 /	HOSPITAL		HLAND DA	e. IS RESIDENCE ON A FARM? YES NO
e executed within 24 hc and completely filled in remave carban papers. n any event, within 72 h	3. NAME OF DECEASED (Type or pri	nt) 6. COLOR OR RACE	ED TANADOURN	Middle Charles	STELLO 4	DATE Month OF DEATH 9. AGE (In years	Doy Year 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS.
e executed and compl remave on n any ever	M LISUAL OCC	le White	7. MARRIED WIDOWED	NEVER MARRIED I DIVORCED I OF BUSINESS OR	11. BIRTHPLACE (County & S	lost birthdoy) 70 yrs.	Months Doys Hours Min.
certificate be a physician a Then please i moval, and in	during most of v	vorking life, even if retired) agent	u. S			gton, D. C.	Q. S. A.
ith certific ding physic Then removal	Charle.	SED EVER IN U.S. ARMED FORCES?	16. SOC	TIAL SECURITY NO. 17. I	Margaret H	eitmuller	5 1 1 - 1 2
he death e attending permit rian, or ret	(Yes, ng, or unk	nawn) (If yes give war or dates of DEATH (Enter only one cou	f service) 578	-46-6972 Pea	irl J. Stello	Silver	Spring, Md. INTERVAL BETWEEN
equires that the dea physician. signed by the attenc burial-transit permit burial, crematian, of	PART 18	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o) Cer	ebral edema			ONSET AND DEATH
requires gg physicic n signed le burial-to o burial, c	rise to im stoting th	, if any, which gave mediate couse (a), but DUE	TO Cle		inoma of righ	t kidney with	1
IAN: The law related and an attending I ficate has been sfor use as the Effealth priar to E	lost. PART II. 0	THER SIGNIFICANT CONDITIONS C		nph node metar		TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filledirector, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban postould be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within	OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	t I ar Port II of item 1B.)	AF2 🔝 NO
ATTENDING PHYSIC stained by the haspit CTOR: After this certishauld be detached ith the State Dept. of		OF INJURY Month, Day, Yeor our a.m. p.m. 19	20d. INJU While at work	Not While forte	CE OF INJURY (Home, form, pry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
TTENDIN Jined by OR: Afte auld be auld be	saw	certify that (I) (this hose the deceased alive on_		the deceased fram	7-15, 191 t death accurred at 1	55, ta /2-/ 200M, fram causes a	L, 1906 that (I) (we) last and an the date stated above
be reto	226 SIGI 22c. PHY	correct. X	engole	sch mt M.	D. ATTENDING ME PHYS. DIE	D. STAFF PHYS.	22b. DATE SIGNED 12-11-66
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: directar, page 3 shauld should be filed with the	230. BURIAL, CI	E(Type) GEOrgE		23c. NAME OF CEMETERY OR	9241-	Columbin 2 23d. LOCATION (City or Tow	
TO HC Page TO FU direc	Burial	(Specify) Dec. 14		Rock Creek Co	emeteru	Washington.	D. C.
VR A15 (4) . 20 M 1/66	34. FUNERAL John B. Warner	Inomas -u	Fee B. J.	Silver Spr		15 1956	ISTRAR'S SIGNATURE Judge

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FOR STATE HEALTH DEPT.

TO DEPUT

VAL EXAMINER: This certificate should be executed within 24 hours after death. If any
please execution inficate, writing the word "pending" in pendi in Item 16. Give Pages 1, 2, and 3 to the full director. Page
4 should be forwarded to the Chief Medical Examiner's Office along with Chief PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Eld pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17524 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17516

7,0003	
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Montgomery MARYLAN	Maryland Montgomery
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	
Silver Spring 1 Yr.	Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Learfield Care Home	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
14326 New Hampshire Ave.	1619 Oakview Drive
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) Georgia Hay	Stone Dec. 10 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	August 22 1879 87 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) At Home	Indiana U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lewis Hay	Catherine Specht
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	
(Yas, no, or unkown) (Ifyesgiva werordatas of sarvica) None	Mary Rathblum Same As #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6)	werren ag calmed
Tolo DUE TO DITTO	Work Aleinan
Conditions, if eny, which geve rise to immadiate cause	deroug bear withing
(a), steting the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
L L L L L L L L L L L L L L L L L L L	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ED. (Enter natura of Injury in Part I or Part II of Item 18.)
	PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour e.m. While Not While	factory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above	e, held an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes . Accident	Suicide , Homicide , Undetermined manner
1 1 100 1/1/10	CHIEF MEDICAL EXAMINER
ACTUAL SOMETIME SUCCESSION OF THE STATE OF T	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE OF THE STATE OF THE S	DEPOTY MOSECAL EXAMENER OF 1010
RAMINER'S DELDEN KILLEN	PAddress (Street, city, town, St county)
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMPTED	OR CREMATORY 22d. LOCATION (City, town, or country) (Steta)
Cremation 12-13-66 Lee Crema	atory Washington D.C.
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAD'S SIGNATURE
J. Wm. Lees Sons Washington,	D.C. DATE DEC 14 1856 Charles Judge
J. Wm. Lees Sons Washington,	T DATE

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FOR ST	TATE		17525	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	17517
HEALTH	DEPT.	1.	PLACE OF DEATH ,		2. USUAL RESIDENCE (Where deceosed lived, if institution:	Residence before odmission)
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y delay is ond 3 to PM3. Page	ent	\vdash		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (b outside corporate limits, write RURAL c	
de ono M3.	er o	-	o. CITY OR TOWN (If on side corporate limits,	DOA.	Silver Spring	1 = 1
E 2, 9	at no		H. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
fter death. If a Give Pages 1, ang with farm	with the State Department af within 24 hours after death.	2	Vash. San. + 7	Haspital	1412 Hampshire U	! CT. YES NO W
Pag ith	E =	3.	NAME OF First	Middle	Lost 4. DATE Month	Doy Year
r de	the the		Type or print) Grace E		Toner OF DEATH 12	16 1966
24 haurs after death. in Item 18. Give Page r's Office alang with f	A TEN	5.	- 111		1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS.
urs n 18	event	10				
24 haurs af in Item 18. r's Office al	lan	dui	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1 24 I in er's	pages 1c in any e	13	FATHER'S NAME.	General Electric	1 14. MOTHER'S MAIDEN NAME	1.S.H
ithir	pg ⊆	13	2220. 1.1	thew M. McKinney	BYLLHHYHY Mabel Brown	
ed within ? in pencil i	File	15	WAS DECEASED EVER IN ILS ARMED EDECES?	16 SOCIAL SECURITY NO. 17	INFORMANT Address Address	500 New Hampshi
d be executed within 24 rd "pending" in pencil in Chief Medical Examiner's	s a burial-transit permit. crematian, or removal,	(Y	s, no, onunknown) (If yes give wor or dotes of ser	579-01-1226 Se	eorgia O'Connello - s	ester Hue.
exe endi	it pe		1B. CAUSE OF DEATH (Enter only one couse por PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
be hiel	ans		IMMEDIATE CAUSE (a) _	Acute coronary	thrombosis;	ONSET AND DEATH
e shauld the ward ta the Ch	al-tr an,		420. DUE TO			
sho e w a th	nati		Conditions, if ony, which gove rise to immediate couse (o), (b)	Coronary artery	heart disease	
ate the the	d l		stoting the underlying couse DUE TO			
certificate writing 1 rwarded	<u> </u>		lost. (c) _			
MINER: This certificate shauld the certificate, writing the ward 4 shauld be farwarded ta the C	be used as ta burial,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
¥	ld b	RTIFIC	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 1B.)	
cert aulo	3 should ant, priar		CAUSE OF DEATH.			
	our mes. ige 3 should agent, priar	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	While Not While foct	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	(County) (Stote)
EXA ute	Page od age		p.m.	of work U of work U	11	N 1:
AL XEC	OR:		21. I certify that I taak charge af			and in my opinion
se escription	ECT sign		death resulted from: Natural co	auses 🗵 , Accident 🔲 , Suic	ide, Homicide, Undetermined monh	er 🔲
MEDICAL EXA please execute director. Page	L DIRECTOR: Points of the control of		ACTUAL SIGNATURE	1 Ch leas	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
UTY ITY, leral	O OT O		EXAMINER'S BELDEN RIBIAL CREMATION 235 DATE THEFEO	D ROOM	DEPUTY MEDICAL PLAMINER Address (Street, City) (INN) or (county)	16/1966
DE ecession fu	FUNE Health		BURIAL, CREMATION, 1 230. DATE INTEREO	F 23c. NAME OF CEMETERY OR		(County) (Stote)
2 = = 4	2=		and the control of th	1966 Fort Lincoln	Cemetery Prince Georges	Co., Md.
VR A	A15ME (5)	1	FUNERAL PIRECIOR Carterblen 6	Carles 434 Georgia Au	Jonus 1 1000 kula	RAR'S SIGNATURE
61	M 1/66	W	irner E. Pumphrey, In	c. Silver Spring.	Marylant	0.0

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17526 requires that the death certificate be executed within 24 hours after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 hours after deaf PLACE OF DEATH o. STATE Virginia a. COUNTY b. COUNTY Montgomery MARYLAND papers. Pages thin 72 hours aft c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) Bethesda (rural 40 days Annandale d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Naval Hospital YES NO IX 7857 Danby Drive 4. DATE Middle Month 3. NAME OF First Doy Year DECEASED Jacob Brooks TAYLOR 66 December DEATH 19 19 (Type or print) IF UNDER 24 HRS. S. SEX IF UNDER 1 YEAR 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Manths Days Hours Male Cauc WIDOWED DIVORCED Jan. 29, 1920 or removal, and in any 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of warking life, even if retired) INDUSTRY COUNTRY? Elizabethton, Tenn, USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jane C. Cole Edward Everett Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Annandale Virginia (Yes, no, or unknown) (If yes give war ar dates of service) 229 05 1278 signed by the atter burial-transit perm burial, crematian, o Mrs. Rose A. Taylor. 7857 Danby Drive INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Carcinoma prostate with metastases, peritonitis be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove rise ta immediate couse (a), DUE TO far use as the t f Health priar to b stating the underlying couse has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION YES X NO TO FUNERAL DIRECTOR: After this certificate PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) factory, street, affice bldg., etc.) Not While at work at wark 21. I certify that (A (this haspital) attended the deceased fram Nov. 9 , 1966 , ta Dec. 19 , 19 66 that 11 (we) last saw the deceased alive an Dec. 19 19 66, and that death accurred at 8354M, fram causes and on the date stated above. director, page 3 shauld shauld be filed with the 22b. DATE SIGNED 22g, SIGNATURE Edward C. Gilbert Dec. 20, 1966 Page 4 may be re DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Naval Hospital, Bethesda, Md. Edward C. Gilbert, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION, REMOVAL (Specify)
Bur 1a] Dec.23,1966 Arlington National Arlington, Va. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ives Funeral Home harles Judge VR A15 (4) 20 M 1/66 2847 Wilson Blvd. Arlington, Va.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17527 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY O. STATE COUNTY MARYLAND physician and campletely filled in by the f en blease remave carban papers. Pages LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS YES NO within NAME OF 4. DATE Month DECEASED DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Jost birthdoy) Months Hours and in any WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY 2 0. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, ng, or unknown) (If yes give wor or dotes of service Connor cremation; INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Page 4 moy be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (o). DUE TO stating the underlying couse as the has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Health NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20e. PLACE OF INJURY (Home, farm. (Stote) 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg., etc.) While Not While ot work ot work FUNERAL DIRECTOR: After 1966, that (1) (we) lost 21. I certify that (I) (this haspital) attended the deceased fram. 19 66, and that deoth occurred of 12300M, fram causes and on the date stated abave. sow the deceased alive an 190 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS. PHYS. ed directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION Suitland, Prince George, Md. edar Hill emeteru 9 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE

THE PERSON

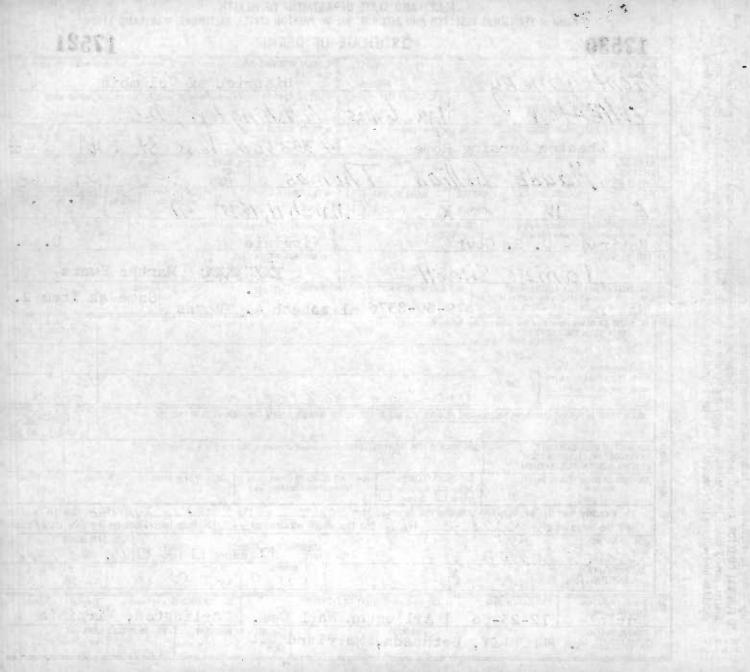
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) hours a. COUNTY by the and 2 death. . STATE b. COUNTY MARYLAND b. CITY OR TOWN (it outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give n and completely filled in b carbon papers. Pages 1 a int, within 72 hours after d write RURAL and give nearest town within d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middla DATE Last 4. Month Dey Year DECEASED OF (Type or print) DEATH 19 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) event, Months Hours WIDOWED DIVORCED attending physician ревзе гетоуе 10a, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working tite, even it ratired) any 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM pue Then or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.I 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or dates of service) be retained by the hospital or attending physician. arean permit. Cithelshin INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one causa per line for je), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (e) burial-transit DUF TO Conditions, it any, which gave risa to Immadiata cause burial, DUE TO (a), stating the underlying the PHYSICIAN: causa last use as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior YES NO D detached for 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I or Part II of Itam 18.) Health (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) ŏ factory, straat, offica bldg., atc.) Hour a.m. Not While DIRECTOR: at work State Dept. at work 19 p.m should be 21. I certify that (I) (this hospital) attended the deceased from...... 1900, 196.6 that (1) (we) last to M, from the causes and on the date stated above.19.6. and that death occurred at. [.] saw the deceased alive on... may . SIGNATURE 22b. DATE page 3 s ATTENDING SIGNED HOSPITAL FUNERAL PHYS. DIRECTOR PHYS. M.D. death. Page 22c. PHYSICIAN'S 22d. ADDRESS filed v NAME (Typa) 23s BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) A FO 0 (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 20M 5-63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE 17529 LTH DEPT. e befare admission PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution a. COLINTY o. STATE b. COUNTY 2, ond 3 to PM3. Poge to after deoth. MARYLAND delay i Deportment b. CITY OR TOWN (If autside carparote lights. C LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) write RURAL and dive negrest town d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE Office olang with form hours Stote YES | NO F executed within 24 hours ofter death. 3. NAME OF First Middle 4. DATE Manth Dov Year within 72 DECEASED 19 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (In years MARRIED NEVER MARRIED last birthday) Manths Days Haurs WIDOWED THE TY IDEXOR CED 4 Eyrs ent 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Chief Medicol Examiner's .= pencil 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME File and WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) or removal, CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute fatty metamorphosis, liver IMMEDIATE CAUSE (a) shauld cremation, DUE TO Conditions, if ony, which gove rise to immediate cause (a), forworded to DUE TO certificate 0 stoting the underlying couse ds buriol, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES pe 0 20a. EXTERNAL CAUSE WAS PRIMARY ☑ ar CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ogent, prior 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City ar tawn) (Caunty) (Stote) foctory, street, affice blda., etc.) Nat While at work at wark designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry 5 FUNERAL DIRECTOR: and in my apinian death resulted fram: Suicide . the funerol director. Natural causes Accident Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** Address (Street, city, town, ar county) NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 50 REMOVAL (Specify) Washington D. C.
REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Harmony Memorial Park 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) DATEDEC 1966 Melianle

 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 17530 death. death and the attending physician and competely filled in by the funeral sit permit. Then please remove carban papers. Pages 1 and natian, ar remaval, and in any event, within 72 haurs after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) COUNTY Lumbia MARYLAND 0 requires that the death certificate be executed within 24 haurs after (1) outside carparate limits na give nyarest town) c. LENGTH OF STAY IN 16 CITY OR TOWN c. CITY OR TOWN (If outside carporote limits, write RURAL and give necrest town) IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Wheaton Nursing Home YES NO Se 3. NAME OF Middle DATE Year DECEASED 19 (Type or print) DEATH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** last birthdoy) Hours Manths Davs WIDOWED X DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 10b. 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY S. Virginia U. Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Ewers 17. INFORMANT Daug. Address Same 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Item 2. (Yes, na, or unknawn) (If yes give wor or dates af service as 579-60-8376 Elizabeth A. Thomas No crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by physician. DUE TO burial, Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO far use as the f f Health priar ta b stating the underlying cause be retained by the haspital ar attending this certificate has been tchoma last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING be detached for State Dept. af F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) foctory, street, office bldg., etc.) Hour a.m. Not While While 19 ot wark at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. ploods and that deoth occurred at 1125 p.M. fram causes and on the date stoted obove. saw the deceased alive on 22d. SIGNATURE DATE SIGNED M.D. DIRECTOR director, page 3 should be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) BURIAL, CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Burial Arlington Natl Cem. Arlington. 12-23-66 **ADDRESS** REG'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. equires that the death certificate be executed within 24 hours after death ond completely filled in by the funeral remove corbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY o. STATE MARYLAND hours ofter c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 write RURAL and give negree d. NAME OF HOSPI not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO X YES Middle DATE NAME OF Lost Month Doy Year DECEASED december 19 DEATH Type or print AGE (In years SEX 6 COLOR 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours WIDOWED and in ony DIVORCED 10b. KIND OF BUSINESS OR To, USUAL OCCUPATION (Give kind of work done BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY **COUNTRY?** physician nouseurge 13. FATHER'S NAME MOTHER'S MAIDEN NAME or removal, offending phys (3-1 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no. or unknown) (If yes give wor or dotes of service) cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), opd (c).) ONSEL AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' by DUE TO signed buriol, Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse the hospitol or offending this certificate hos been os the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO Po 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work at work O FUNERAL DIRECTOR: After be retoined by 21. I certify that (1) (this haspital) attended the deceased fram_ and that death accurred at 620 M. from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS. director, poge 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Z should 232 LNAME OF CEMETER OF PREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 250. REC'D' BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17533 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Montgomery Montgomeru MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring Silver Spring uears d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 101 Southwest Drive 501 Southwest Drive YES NO X completely fi 3. NAME OF Middle 4. DATE Month First Lost Year DECEASED (Type or print) Dec. 19 66 Thurber dna DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Months Jan. 1. 1891 Female White WIDOWED X DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? Agriculture Cincinnati, Ohio physicien hen pledse 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Wolf Ada Hutton IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give war or dates of service) Juanita Edry Thurber Silver Spring signed by the atter buriol-transit perm buriol, crematian, a 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) INTERVAL BETWEEN DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) Hour o.m. Not While foctory, street, office bldg., etc.) ot work of work 1) 6 that (1) (we) last directar, page 3 shauld shauld be filed with the saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR ATTENDING STAFF PHYS. M.D. PHYS 22c. PHYSICIAN'S B. Snow 7950 New Hampshire Ave. Langley Pk. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, BULLAL (Specify) Dec. Arlington National Cem. Arlington. 1966

2So. REC'D BY REGISTRAR

DATE

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

FUNERAL DIRECTOR

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O FUNERAL DIRECTOR: After this certificate

requires that the death certificate be executed within 24 haurs after death

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funeral 1 and 2 er death	1.	PLACE OF DEATH a, COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admis a. STATE b. COUNTY Manual Description: Residence before admis a. STATE b. COUNTY	sslor
and completely filled in by the funera remove carbon papers. Pages 1 and 2 1 any event, within 72 hours after death		b. CITY OR TOWN (if outside corporate limits, write RURAL and give hearest town) Colosulle Silver Spring 87 795 Colesulle, Silven Spring 87995	/
ly filled n papers thin 72	2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 333 Bonifant Road NAME OF First Middle Last 14. DATE Month Day Year	M?
mplete carboi ent, wi		DECEASED (Type or print) Christophen Joseph Tolson DEATH Dec 16 1960	
and colemove		Male WAITE WIDOWED DIVORCED DEC, 1, 1817 87 yrs.	HR Min.
sician lease and li	dur	USUAL OCCUPATION (Give kind of work done in part of working life, even if retired) Agriculture 10b. KIND OF BUSINESS OR INDUSTRY Agriculture 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
ing ph) Then p moval,	13.	Alfred Clipton Tolson Cathenine O'Hane	
the attending physician and t permit. Then please remo ation, or removal, and in any	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, or unknown) (If yes give war or dates of service) 2/3-40-9074 AN HA Tolson (wife) 52 me.	d
ding physician, been signed by the burial-transi or to burial, crem		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. OUE TO Conditions, If any, which (b) DUE TO OUE TO OUE TO	EN
icate or use Health	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO 20a ACCIDENT WAS LINDERLYING TO 1. 1.20b. DESCRIPE HOW INJURY OCCUPRED. (Enter nature of Injury in Part Lor Part II of Item 18.)	D?
State Dept. of	MEDICAL CE	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year Hour a.m. p.m. 19 While at work at work at work	e)
should the Sith the Sith		21. I certify that (I) (this hospital) attended the deceased from Dec., 1944, to Dec. 1966, that (I) (we) saw the deceased alive on Dec. 16 1966, and that death occurred at 5/30 MM, from the causes and on the date stated ab	las
director, page 3 should be director, page 3 should be should be filed with the State		22a. SIGNATURE M.D. ATTENDING MEO. DIRECTOR PHYS. 22b. DATE SIGNED 22c. PHYSICIAN'S 22d. ADDRESS	
octor,		NAME (Type) A. D. 130HIFAHT SUNYS, MR.	
	23a	REMOVAL (Specify) Dec 19, 1966 Parklawn Cemetery Rockville, Maryland PUNERAL DIRECTOR ADDRESS ADD	1)
POM 1/65	W	arner E. Pumphrey, Inc. Silver Spring, Md. OATE 41 1000 1	-

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

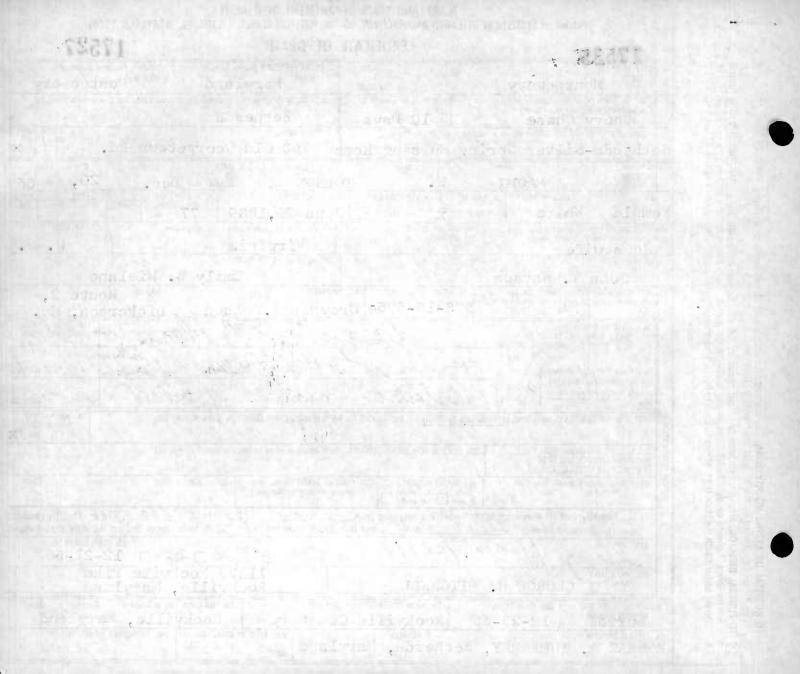
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1. PLACE OF DEATH					SUAL RESIDENCE (V		F COLIN	The		,
o. COUNTY 1	Montgomery		MARYLAND			yland		MOII	tgom	
b. CITY OR TOWN	(If outside corporate limits, and give nearest tawn)		c. LENGTH OF STAY IN 16	c. CI	Y OR TOWN (If ou	tside carporot	te limits, write RUF	AL and give	neorest to	wn)
Che	y Chase		10 Days		Beth	esda		/	5.1	
	PITAL OR INSTITUTION (If nat	in haspital, g			REET ADDRESS					RESIDENCE N A FARM?
Bethesda	a-Silver Sp	ring	Nursing Ho	me 8	3700 01	d Geo	rgetown	n Rd.	YES	
3. NAME OF	First	1	Middle		Last	4. DATE OF	Mont		Day	Year
Type or print)	NAOMI		W.	TOLS	ON	DEATH	Dec.		20,	19 66
S. SEX		7. MARRIED	NEVER MARRIED	8. DATI	OF BIRTH	9.	AGE (In years last pirthdoy)	Months 1		UNDER 24 HRS.
Female	White	WIDOWED	DIVORCED _	Jun	e 20,18	389	77 yrs.			
	ON (Give kind af wark dane		ND OF BUSINESS OR DUSTRY	11.1	BIRTHPLACE (County	& State, or far	eign countrγ)	12. CITI	ZEN OF WH	HAT
House	ng life, even if retired)	IN	DUSIKI		Virgin	nia			Ţ	J. S.
13. FATHER'S NAME		11.00		14. 1	NOTHER'S MAIDEN I					
Joh	n T. Watsor	n		200		Emil	y B. Wi	elan	d	
IC WAC - CACED I	VED IN II S ADMED FORCES?	16 9	SOCIAL SECURITY NO. 1	7. INFORM	IANT So	n	Addre	ss Ro	ute	2.
NO JAKHOWI	(If yes give wor or dotes of	57	8-16-5964	Greve	don S.T.	olson	. Die	kers		Md.
	DEATH (Enter anly ane cause	e per line far	(a), (b), and (c). / -		1	10	111		INTERVA	AL BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) (alleve	DAC	ulde	(D)	loss	2,	SELF	AND DEATH
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	ny, which gave) (b	0)	a viges	ws /	leay)	accus	e and s	ruboli	sev	: weeks
stating the un	derlying cause DUE To	0 11	Total.	0,		91	Ross	1	10.1	11.00
last.		() V	resience	Ca	remon	aoj	15 Class	7	nev.	years
PART II. OTHER	SIGNIFICANT CONDITIONS COL	NTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TER	MINAL DISEASE CON	NDITION GIVE	N IN PART 1(o)			REPORMED?
20a. ACCIDENT V OR CONTRIBUTION									YES [
20a. ACCIDENT	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter r	nature of injury in	Port 1 or Part	II of item 18.)			
(IF EITHER, NOTI	FY MEDICAL EXAMINER)									
	NJURY Manth, Day, Year				NJURY (Hame, farm		(City or tawn)	(Caul	nty)	(State)
Hour Hour	p.m. 19	While at worl		laciory, sire	eet, office bldg., etc.)					
	rtify that (I) (this hosp		ded the deceased fran	1_40	Mary, 1	1963, 10	De 20	196	6, that	(1) (we) las
saw the	deceased alive an	De 19	19 <u>66</u> , and	that deat	h occurred of	10 300 W	, from couses			toted obove
22a. SIGNATU	Œ ///	11:	1-1.011	A	TENDING -	MED.	STAFF _		TE SIGNED	66
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22c. PHYSICIA NAME (Ty		3/70	OTTETT		aller all		Rockvil			
HAINE (1)	pe) GEORGE H	l. Mil	CHELL				lle, Ma		10	
230. BURIAL, CREMA			23c. NAME OF CEMETERY				CATION (City or To		(Caunty)	(State)
Burla		-66	Rockville	Cem			ckvill		-	ind
24. FUNERAL DIREC		v Pa	thesda, Ma	ryla	2Sa. REC'I	D BY REGISTR		GISTRAR'S SI		0.00
ROBERT	A. PUMPHRE	I. De	thesua. Ma	LYLE	nd Litt	6 6 10	366 XC	iarles	yang	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

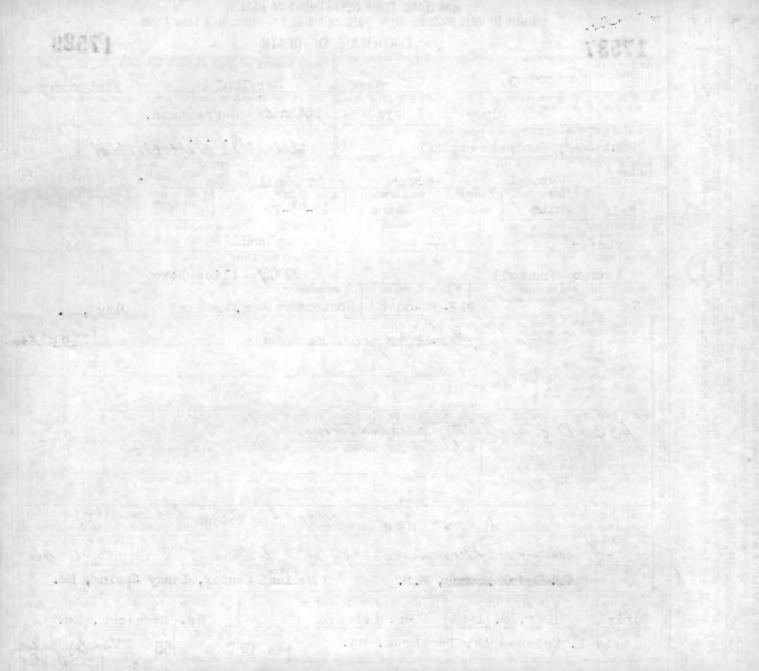
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and many event, within 72 haurs after death



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17536 MEDICAL EXAMINER'S CERTIFICATE FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 3 to Page o. COUNTY b. COUNTY portment of after death. of taomer MARYLAND deloy b. CITY OR TOWN (If outside corporate limits) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and PM3. write RURAL and give, pearest fown NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRES IS RESIDENCE ON A FARM? farm State De De Give Poges NO after death. Office along with NAME OF Year DECEASED OF DEATH ecember (Type or print) 19 within with SEX AGE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED ond2 event tem 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT MetaL Wor INDUSTRY COUNTRY? onv poges Examiner's 13. FATHER'S NAME pencil MOTHER'S MAIDEN NAME . = puo WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. **INFORMANI** Address be executed permit. (Yes, na, or unknown) ((If yes give wor ar dotes of service "pending" removal, 220 12 5311 18. CAUSE OF DEATH (Enter only one couse per line (*), (b), and (c).) buriol-transit PART I DEATH WAS CAUSED BY: cremotion, or IMMEDIATE CAUSE (o) Word This certificate should DUE TO to the Conditions, if ony, which gave writing the rise to immediate couse (a) DUE TO stoting the underlying couse forwarded burial, last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REWIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION the certificate. designated agent, prior ta 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING ☐ CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter Dougle of index pluods MEDICAL 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF JUNURY (Home, form, Not While factory, street, affice bldg, etc. moy be refoined for your FUNERAL DIRECTOR: Poge While ot wark Poge please execute at wark 21. I certify that I taak charge of the remains described above, held an Autopsy for Inquiry X Inspection the funerol director. Natural causes death resulted from: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER. SIGNATURE A TO DEPUTY 0 necessary, **EXAMINER'S** 5 moy 10 FUNE NAME (Type) wn or county) NAME OF CEMPTERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) REMOVAL (Specify) Dec.28.1966 Nr. Wolfsville, Md. Mt. Bethel Cemetery 250. REC'D BY REGISTRAR DEC 2 9 191 24. FUNERAL DIRECTOR 25h REGISTRAR'S SIGNATURE Charles VR A15ME (5) 6M 1/66 M. R. Etchison & Son. Frederick. Maryland

Age and Level, Comminuted, fractions of while authorities and Househays I Sultinal Sugarous the real first and a second of the e de destado de desperado de la constitución de la

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17529 CERTIFICATE OF DEATH 17537 and campletely filled in by the funeral remave carban papers. Pages 1 and 2 in any event, within 72 haurs affer death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE Montgomery MARYLAND Maryland Montgomery c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) days Babanas/ Germantown. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Montgomery General Hospital Potomad YES NO 3. NAME OF First Middle Last 4. DATE Manth Day Year DECEASED Dec. 66 Joseph Edward Trammell (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Hours White 10-26-79 Male WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done during mast af warking life, even if retired) 11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITIZEN OF WHAT g physician of the please INDUSTRY COUNTRY? Maryland Farm USA Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alice Dove Trammell George attending 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address crematian, ar re (Yes, no ar unknown) (If yes give war or dates of service) Montgomery Gen. Hospital 212-30-8648 Olney Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: signed by the burial-transit p burial, cremati ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the priar tal 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached far use State Dept. af Health senility; emaceation .. NO Z YES TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at wark at work 21. I certify that (1) (this hospital) attended the deceased fram 12.38, 1966 to Dec. 6, 1966 that (1) (we) last saw the deceased alive on Dec. 5 1966, and that death occurred at 2:05 M. Fram causes and an the date stated obove. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR rederich 12-6-66 PHYS director, page should be filed 22d. ADDRESS Medical Center, Sandy Spring, Md. 22c. PHYSICIAN'S NAME (Type) Frederick Moomau, M.D. 23d. LOCATION (City or Tawn) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (Stote) 23a. BURIAL, CREMATION, PEMOVAL (Specify) Dec. 8. 1966 Nr. Damascus, Md. Mt. Lebanon 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md. Minter Jud VR A15 (4) 25M 1/67 1966 DEC



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Montgomery b. COUNTY Montgomery after Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) p Rockville hours Rockville Ξ bon papers. within 72 h filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 408 Baltimore Road 408 Baltimore Road death certificate be executed within completely carbon 3. NAME OF First Middle DATE Month DECEASED Twigg (Type or print) Myrtle Clara December 2,1966 DEATH remove 5. SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIEO last birthday) and Female WIOOWED OIVORCED and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician 11. BIRTHPLACE (County & State, or foreign country) please during most of working life, even if retired) INDUSTRY Pa Paw. W. Housewife Own Home removal. 13. FATHER'S NAME attending ph 14. MOTHER'S MAIDEN NAME James Triplett Emma Amick ed by the attend transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mr. Wm. A. Twigg, Rockville, Md. Husband no 18. CAUSE OF DEATH [Enter only one cause per to for (a), (b), and (c). al-trans PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. signed I IMMEDIATE CAUSE (a) burial-ti burial, **OUE TO** Conditions, If any, which (b) has been gave rise to Immediate the r to **OUE TO** cause (a), stating the as th underlying cause last. CERTIFICATION for use Health After this certificate hid be detached for use e State Dept. of Health 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc. Hour a.m. While Not While p.m. at work at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the S 0 should ith the 21. I certify that (I) (this hospital) attended the deceased from saw the deceased 22a. SIGNATURE ATTENDING Page 4 may 1 OIRECTOR director, p Robert C. Macon NAME (Type)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (County) (State) . and that death occurred a Mark M. from the causes and on the date stated above. 22b. DATE SIGNED Mill Rd. Rockville. Maryland 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Bur EMOVAL (Specify) Davis Memorial Cemetery Cumberland, Md. Allegany 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland, Md. OATE

e. IS RESIDENCE ON A FARM?

Year

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12. CITIZEN OF WHAT

NO X

VR A.15 (4) 20M 1/65

was the a shall be the same to the second BROOK O'T DIES TO A FIRM A Self for dimine. . III. was a substitution of well grade, office and the grade state and const. . in the A STATE OF THE PROPERTY PARTY DATE OF THE PARTY OF THE PA 1.54 Turkenami Sileginal II Pens

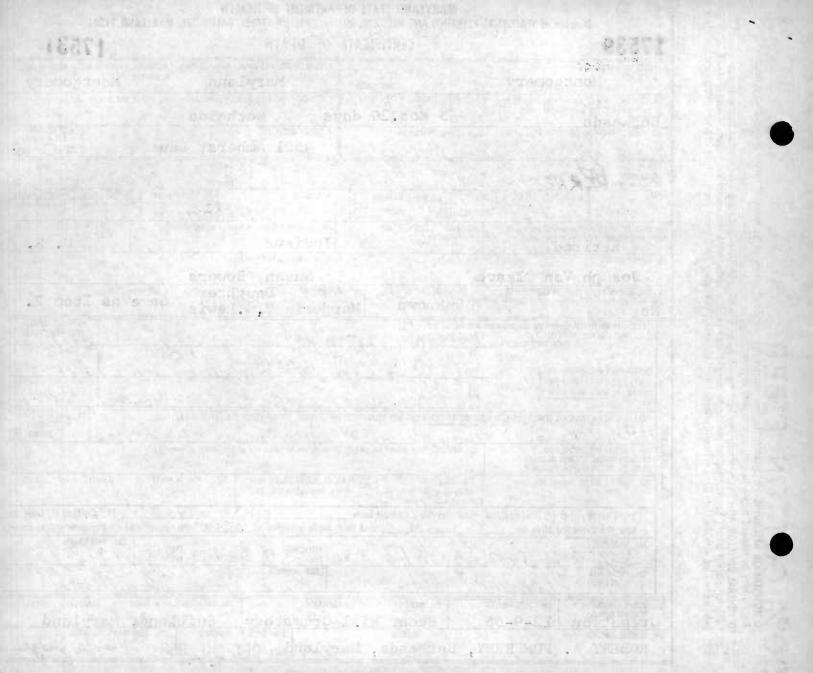
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them 9 Film G384 12/22/66 mh

CERTIFICATE OF DEATH 17539 the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Montgomery Maryland Montgomery MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 Mos. 20 days Bethesda Bethesda ve carban papers. event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 4521 Amherst Lane YES | NO Se 4. DATE NAME OF Lost Month Dov Year DECEASED (Type or print DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired)

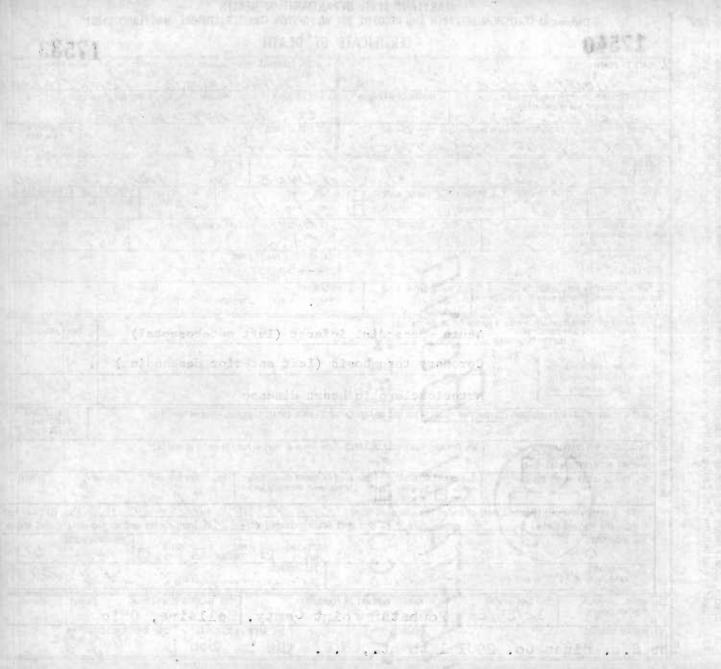
Retired INDUSTRY COUNTRY? Indiana S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Van Cleave Susan Bowers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknawn) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter Address Same as Item 2. Unknown No Marjorie V.C. Lewis 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that IMMEDIATE CAUSE (o) p DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse as the Page 4 may be retained by the haspital ar attending DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) far use YES [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port/II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While of work 1956 to Dec Y , 1966, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1966, and that death accurred at 10th M, fram causes and an the date stated abave. saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL D NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, Cremation and, Maryland
25b. REGISTRAR'S SIGNATURE Cedar Hill Crematory Suitland. 12-9-66 0 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 ROBERT A. PUMPHREY. Bethesda, Marylandonie NFC Miarles Judge

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17540 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and 5 nation, ar remaval, and in any <u>eve</u>nt, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) ATTS UILLE d. STREET ADDRESS e. IS RESIDENCE d. NAME QF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) ON A FARM? 68 250 YES NO 4. DATE OF DEATH NAME OF Middle First Doy Year DECEASED 19 Type or print) ISEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years **NEVER MARRIED** lost birthday) Manths Hours WIDOWED DIVORCED 11. PARTHPLACE (County & State, ar fareign country) 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? SALESMA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bruce Van Dyne -Bayes 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor or dotes of service Mrs. Van Dyne same as 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED 8Y:

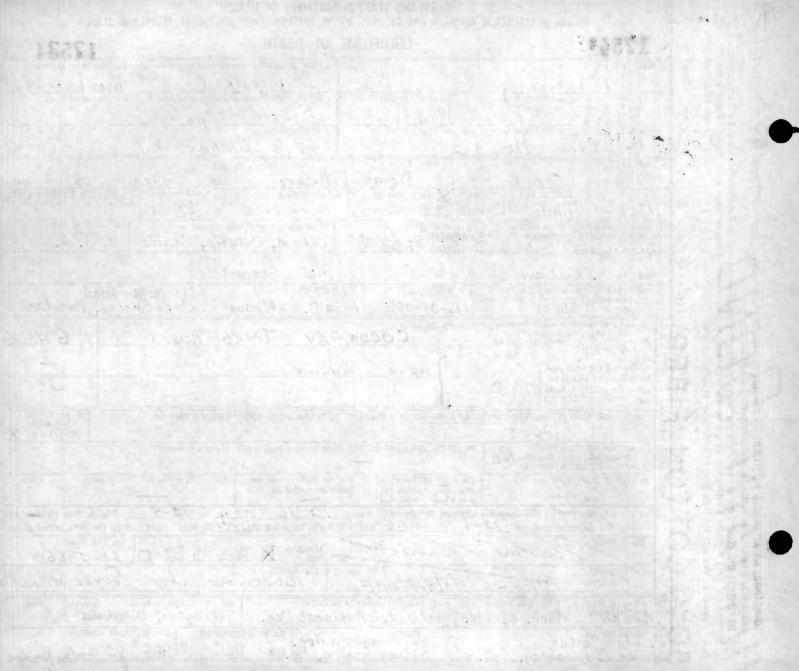
ACUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit Acute myocardial infarct (left anteroseptal) ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Coronary thrombosis (left anterior descending) Conditions, if ony, which gove rise ta immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been far use as the Arteriosclerotic heart disease 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not While factory, street, office bldg., etc.) at work shauld be 1967 to Dec directar, page 3 shauld should be filed with the 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 12-25-66 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) University BldE 23a. 8URIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Powhatan Point Cemty. Bellaire, Ohio remove 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966 S.H. Hines Co. 2901 luth St., N.W.

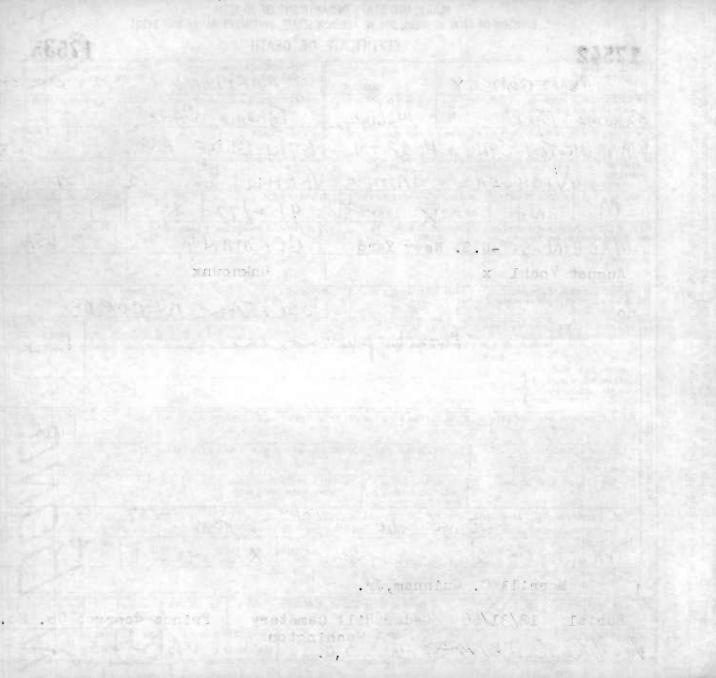


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17541 death. executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY but gameny ONTGO MERLY MARYLAND c. LENGTH OF STAY IN 1h b. CITY OR TOWN (If autside tarparate limit c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) haurs write RURAL and give negrest_tawn) e. IS RESIDENCE ON A FARM? physician and completely filled in d. NAME OF HOSPITAL OR INSTITUTION (15 nat in haspital, give street address) d. STREET ADDRESS papers. NO YES | within please remave carban NAME OF Middle DATE Month Day Year DECEASED Dewar 66 NAUE 80 19 (Type or print) DEATH IF UNDER SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthdoy) Months Davs Hours 12-29-15 DIVORCED any WIDOWED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR PHYSICIAN: The law requires that the death certificate be during mast of working life, even if retired) and Ottowa Ontario. Canada 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal Alice Stewart Harry S. Villnave 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 4515 Marian Road permit. (Yes, no, of unknown) (If yes give wor or dates of service) Silver Spring, Maryland Nina D. Villnave 112-05-4552 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)

DADT 1 DEATH WAS CAUSED BY:

CORONARY burial, crematian, ONSE AND DEATH signed by the burial-transit p THROMBOSIS be retained by the haspital ar attending physician. DUE TO Canditians, if ony, which gave KNOWN rise ta immediate couse (a), DUE TO stating the underlying cause for FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) GOUT NO X 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (City or tawn) (State) 20c. TIME OF INJURY Manth, Day, Year 20e, PLACE OF INJURY (Hame, farm, (Caunty) Haur o.m Not While factory, street, affice bldg., etc.) 21. I certify that (I) (this hespital) attended the deceased fram. . 1964. to 12-5 1966, that (I) (we) last 10-16 12-5 1966, and that death accurred at 2/5 CM, from causes and on the date stoted obave. saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 12-5-66. 22d. ADDRESS 22c. PHYSICIAN'S 10620 GEORGIA AVE NAME (Type) TCHAEL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION 23b. DATE THEREOF (State) REMOVAL (Specify) Arlington, Virginia Arlington National (em. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 ylen (arter DEC DATE ano Dumphrey 1/1104 Spring





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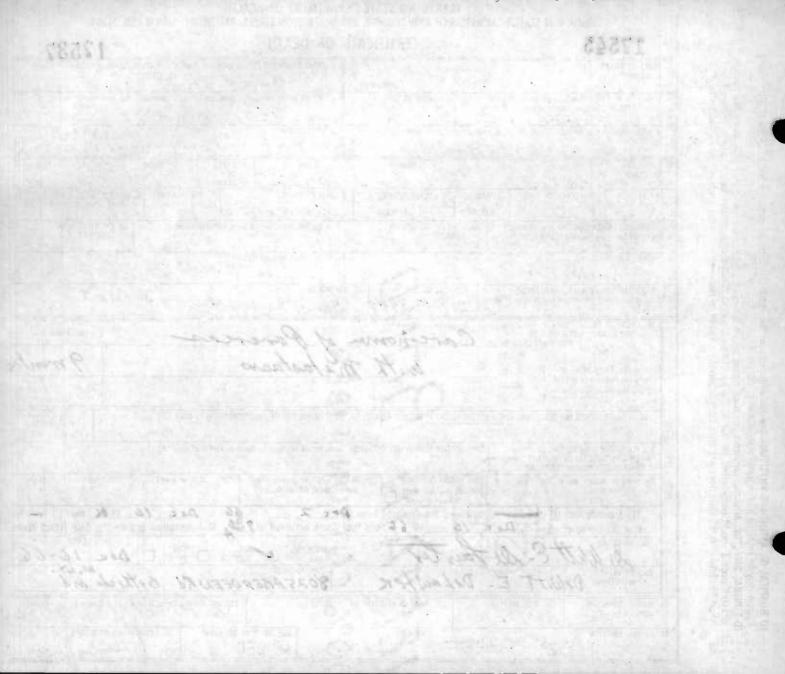
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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in 24 hours after deoth filled in by the funeral papers. Pages 1 and 3	deoth			LACE OF DEATH			CE (Where deceased lived, if institut b. COUR	
	fter			CITY OR TOWN (If autside carparate limit:	MARYLAND c. LENGTH OF STAY IN 16	O. STATE	If autside corparate limits, write RUI	PAL and give negrest town)
rs at	Jrs a		1	write RURAL and give nearest tawn)	c. LENGTH OF STAT IN 10			1/2
hou n by	hours	0		NAME OF HOSPITAL OR INSTITUTION (If no	it in haspital, give street address	d. STREET ADDRESS	sville,	e. IS RESIDENCE
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within 24 hours after tely filled in by the fur rbon papers. Pages 1	/ithin		3.	IAME OF Fi	rst Middle	Last	4. DATE Mont	th Day Year
executed withind completely fremove corbon	ot, v	-		Type or print) Day Lou	use UR	peelanl	DEATH 4/3	30 1966.
mpl ve c	ever		S.	EX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Min.
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be ex n and se rem	in di	93		USUAL OCCUPATION (Give kind of work dane ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	44	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
cate b	an an		12	FATHER'S NAME		14. MOTHER'S MAII	90 x K	USA
certifi.	DVG		13.	112,0		LINA	DiehL	aum 1
a Pr	remov			WAS DECEASED EVER IN U.S. ARMED FORCES?		. INFORMANT	Addre	955 8346 Re.
that the deoth certificate be executed an. by the attending physicion and complet ransit permit. Their pease remove con	0		(Ye	(If yes give war or dates o	of service) UNKNOW	FRANK	S. UperLANI) Hyattsuilly MI
the at	emotion,			IB. CAUSE OF DEATH (Enter only one cau	ise per line far (a), (b), and (c).)	0		INTERVAL BETWEEN ONSE) AND ORATH
that tan. by the	ешс			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(0) Small	no poner	imenia	2 TRoss
W. = 1	ol, cr			Conditions, if any, which gove)	6.9	0. P. W	7	1.40
physic signect buriol	buriol			rise to immediate cause (a),	(b) Williams	and 17		
w re ling een the				stating the underlying cause last.	(1) Teneralis	and and	ein levon	in years
he la attence as b		1	NC	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED J	THE TERMINAL DISEASI	E CONDITION GIVEN IN PART 1(a)	WAS AUTOPSY PERFORMED?
or o	Health	0	CATIC					YES NO NO
CIAN oitol tifica d for	of He	10	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injur	y in Part I or Port II at item IB.)	
hospi is cert oched	ept.			(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home,	form, 20f. (City or town)	(County) (Stote)
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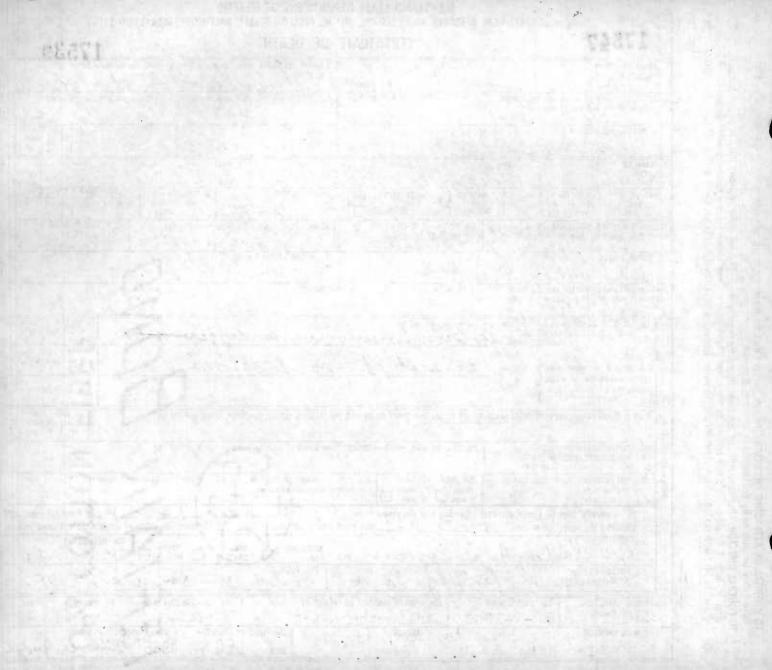
CONTROL ENGINEERS

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17545 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death death pup PLACE OF DEATH funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY by the Pages 1 c ve carban papers. Pages 1 event, within 72 haurs after, MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN outside corporate limits, write RURAL and give morest town) write RURAL and give neorest town IS RESIDENCE ON A FARM? .⊑ d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) filled YES NO K NAME OF Middle Lost DATE Month Doy Year First campletely DECEASED OF (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours in any WIDOWED DIVORCED and 10b, KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of Porking life, even if retired) **INDUSTRY** COUNTRY abour. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys remayal, makermon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address dress -no 2 (Yes, no, or unknown) (If yes give wor or dotes of service) 6 burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN the signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUF TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the Health priar to 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? for use NO F 20o. ACCIDENT WAS LINDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING COLORS OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Page 4 may be retained by the Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this hospital) attended the deceased fram Dec 2 1966, to Dec 16, 1966, that (1) (we) last director, page 3 shauld should be filed with the 19 6 6, and that death accurred at 935. M, fram causes and an the date stated above. saw the deceased alive on Dec 22b. DATE SIGNED 220 SIGNATURE **ATTENDING** Dec 16-66 M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS MANT. TO HOSPITAL 22c. PHYSICIAN'S 8025 ABERDEEN RE NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND N OF STATISTICAL RESEARCH AND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits (If outside corporeta Units, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street IS RESIDENCE ON A FARM? YES NO DECEASE OF DEATH (Type or print) SEX 6. COLORADE RACE AGE (In yeers | IF UNDER 1 YEAR IFTINDER 24 HRS 7. MARRIED NEVER MARRIED lest birthdey) Months Hours WIDOWED DIVORCED USUAL OCCUPATION (Gixe kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUST done during most of working life, even if retired) 13 FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yas give wer or dates of service) CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), l INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) BOMONIA DUE TO gave rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from Dec 20 22a SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) New REC'D BY REGISTRAR 256. BEGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNAM VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17547 CERTIFICATE OF DEATH death. certificate be executed within 24 hours ofter death. ond completely filled in by the funeral remove carbon popers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ausside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside tarparate limits write RURAL and give nearest tawn popers. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS within 72 NO X 4. DATE leose remove carbon 3. NAME OF Middle Last Day Year DECEASED OF DEATH (Type or print) 19 66 IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 9. AGE (In years last birthdoy) Months Hours Doys DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY COUNTRY? E cononies 13. FATHER'S NAME MOTHER'S MAIDEN NAME the attending INFORMANT Address law requires that the deoth 16. SOCIAL SECURITY NO. 17. (Yes)no, or unknown) (If yes give war or dates of service 10 cremation, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate hos been for use os the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO · 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Haur o.m. factory, street, office bldg., etc.) Nat While 19 at wark 21. I certify that (I) (this hospital) attended the deceased from. should and that death accurred at 6:15A M, fram causes and on the date stoted obave. saw the deceased olive on 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** PHYS. DIRECTOR director, poge should be filed 22d. ADDRÉSS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) Arlington Nat'] Cem Arlington 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR oseph 2So. REC'D BY REGISTRAR Gawler's VR A15 (4) 20 M 1/66 Melayles 1966 Wisconsin Ave.N.W. Wash D DATE



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	17548 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17540
Page ent of Page HEALTH DEALTH	1. PLACE OF DEATH O. COUNTY MONTGOMERS MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen O. STATE MARYLAND O. STATE MARYLAND	ce before odmission)
2, and 3 PM3. Pag	b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give write RURAL and give nearest town).	neorest town)
leath. If any delay Pages 1, 2, and 3 with farm PM3. Page State Department	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
0 0	3. NAME OF DECEASED (Type or print) LEE RICHARD Widdle Lost OF DEATH Dec-	Doy Year Doy Year 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? A. INTERVAL BETWEEN PERFORMED? YES NO (County) (County) (Stote) Yes and in my opinion The country of the cou
4 hours after death. If a learn 18. Give Pages 1, office along with farm land 2 with the State Deleter death:	## Comparison (in the spiral of interpretation of interpretation) Comparison (in the spiral of interpretation)	
24 hours at in Item 18. er's Office als ges Land 2 will after feath.	during most of working life, ever if refired to . INDUSTRY Elburn, Ill.	IZEN OF WHAT
within pencil xamin ile pag haurs	Samuel Wallace Bessie Tripp	
executed inding" in Medical E: permit. F:	Yes no, or unknown) (It yes give wor or dotes of service) 577-34-7461 Erma Wallace, Wife, Same a	ıs #2
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s certificate shauld be e e, writing the ward "per farwarded ta the Chief used as a burial-transit aaval, and in any event	Conditions, if ony, which gove (b)	
certificat arwarded arwarded used as c aval, and	lost. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	
ER: This cert certificate, wri auld be farwa es. hauld be used in, ar remaval,	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)	
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L EXAM ecute the Page 4 or your R: Page 1, crema	20. Inspection Dec 13 19 66 While of work work work work work work work work	
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O DEPUTY MEDICA necessary, please ex the funeral directar. 5 may be retained of FUNERAL DIRECTO Health priar to buria	SIGNATURE	
necessary, please execute the the funeral director. Page 4 si 5 may be retained for your fi 10 FUNERAL DIRECTOR: Page 3 Health priar to burial, crematii	230. BURIAL (REMATION, REMATOR) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
VR A15ME (5) 6M 1/67	Burial 12/19/66 Arlington Nat. Com Arlington Value 12/19/66 Arlington Nat. Com Arlington	

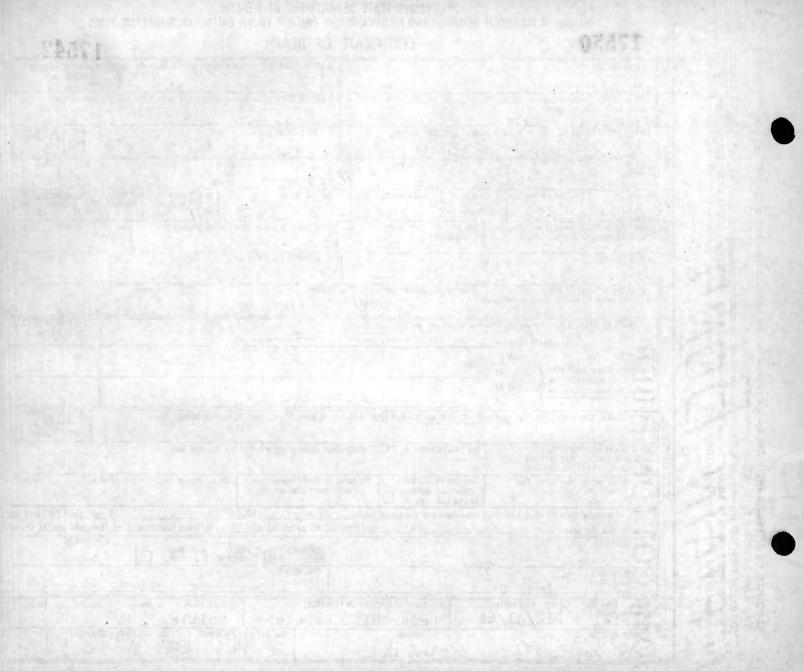
ITEM 21 Film 384 1-5-67 MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17549 7541 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death and campletely filled in by the funeral temave carbon papers. Pages 1 and fillany event, within 72 haurs after deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Maryland b. COUNTY o. COUNTY MONTGOMERY Montgomery MARYLAND b. CITY OR TOWN (If autside carparote limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 11605 Lockwood Dr., Silver Spr. 12/26/66 11/22/66 to 325 New Hampshire Ave. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Colonial Villa Nursing Home 11605 Lockwood Dr. YES NO A 4. DATE 3. NAME OF First Middle Last Month Oov Year DECEASED 26 Reuben Wallenrod Dec. 1966 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. OATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Jast birthday) Months Hours Male White Jan. 22, 1899 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired). INDUSTRY .S.A. Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Boris Wallenrod Nechuma Paley 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, arunknown) (If yes give war ar dates of service) 068-28-7350 Rae Wallenrod-Wife-As Above INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been the last. 19. WAS AUTOPSY PART II. OTHER SIGNIEGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? use NO P namon far 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Not While at work June 12, 1966, to see 26, 1966, that (1) (we) last 21. I certify that (1) (this hospital) ottended the deceosed from_ saw the deceased alive on Dec 22 1966, and the death occurred at 3:33 PM, fram causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE MED. OIRECTOR 12-26-66 M.D. PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Arthur S. Bressler, MD directar, should b 23a. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF (County) DEC 28,1966 PERAMIS CEDAR PARK CEMETERY ADDRESS WASH DC 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Marley 3501-1457. N.W. BATEC BERHARD DAHLAKSKY -SONS

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17550 CERTIFICATE OF DEATH within 24 haurs after death. death. by the funeral Pages 1 and 2 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)/ o. COUNTY_ - George remove carban papers. Pages 1 in any event, within 72 haurs after MARYLAND CITY OR TOWN (If autside carparate limits, CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1h write RURAL and give nearest tawh) e. IS RESIDENCE ON A FARM? campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS 30 YES NO P NAME OF 4. DATE Year Middle Month Doy DECEASED OF DEATH 19 6 (Type or print) requires that the death certificate be executed 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 0 last birthday) Hours Months Days WIDOWED DIVORCED pup 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most af working life, even if retired) INDUSTRY and 14. MOTHER'S MAIDEN NAMI 13. FATHER'S NAME burial, crematian, or remaval ma 9 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: uncardia farction IMMEDIATE CAUSE (a) signed by DUF TO Canditians, if any, which gove rise to immediate cause (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been oronzry 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ar use director, page 3 should be detached far use should be filed with the State Dept. of Health YES T NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While at work ot work 3 should be , 1964, ta 12-28, 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram MAY 1966, and that death occurred at 165 AM, from couses and on the date stated above. saw the deceased alive on Sept 22b. DATE SIGNED 220 SIGNATURE ATTENDING PHYS. 12-28-66 PHYS M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S IREY 7105 Riggs 422/5ville, Md NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, Cedar Hill Cemetery Suitland, Md. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR, -DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Mod DATE

FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COLINTY b. COUNTY a. STATE Maryland Montgomery 10 death. Montgomery MARYLAND partment b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY-IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) ofter Silver Spring lhr Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS hours olong with form 12117 Selfridge Road Holy Cross Hospital NO DC ote 3 NAME OF Middle 4 DATE Day Year DECEASED 12 66 Walter 19 within William **NMT** DEATH (Type or print) IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 58 yrs. Manths Davs Hours DIVORCED WIDOWED 3/16/08 event Male 11. BIRTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY ony Nursery Salesman Mgr. Landscaper Pittsburgh, Penna 14. MOTHER'S MAIDEN NAME Louisa Hildahofer XXX Walter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. INFORMANT Address pending" ir ef Medical L Same as # 2 Walter Wife 190-09-8061 No 1B. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH OL IMMEDIATE CAUSE (a) cremotian, DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 0 WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 0 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) prior PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. While Nat While FUNERAL DIRECTOR: Poge at wark 21. I certify that Laak charge of the remains described obove, held on Autopsy Inquiry Dr. and in my opinion Inspection Natural causes Accident Suicide death resulted from: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL FXAMINER SIGNATURE C DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) FO FUNE Health NAME (Type) BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Caunty) RUSEMOVAL (Specify) Waxager Cemetery Dec. Huntington, West Virginia 1966 2Sa. REC'D BY REGISTRAR ohn Birector Miarles DEC 9

VR A15ME (5)

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Item 18. Give Pages

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17552 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death ond funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Tontgomery MARYLAND ve corbon popers. Pages 1 event, within 72 haurs after b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town Takoma Par .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO. NAME OF DATE Middle Month Lost Doy Year DECEASED OF DEATH 1966 Type or print) ecember remove cor and IF UNDER 24 HRS. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED lost birthday) Months Dovs Hours 80 and in any WIDOWED DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) pleose INDUSTRY by the attending physician ransit permit. Then pleose House wif 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removed Tau son WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death.

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CEDTIFICATE OF DEATH

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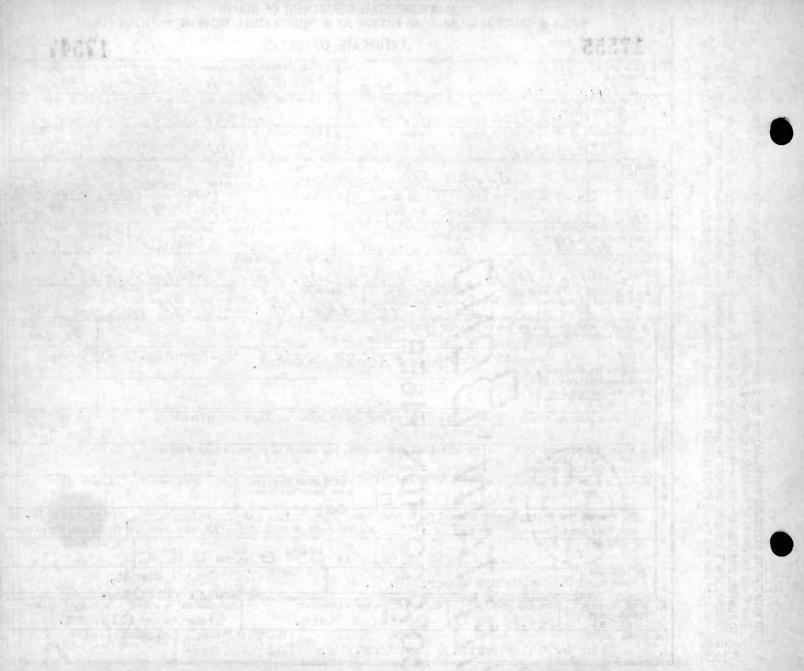
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17554 CERTIFICATE OF DEATH 7546 death. The law requires that the death certificate be executed within 24 haurs after death the attending physician and campletely filled in by the funeral sit permit. Then please remave corban gapers. Pages 1 and nation, ar removal, and in any exent, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Maryland b. COUNTY Montgomery MARYLAND haurs after c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Silver Spring lhr d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4230 Roundhill Road Holy Cross Hospital NO X YES Middle 4. DATE NAME OF First Lost Manth Doy Year OF DECEASED 12 20 Ward 66 Glenna dith 19 DEATH and in any eyent, (Type ar print B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED lest_birthdoy) Months Hours Davs 8-21-11 WIDOWED DIVORCED Fe 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of wark done 11. BJRTHPLACE (County & State, or fareign country) during mast of working life, even if retired) COUNTRY? **INDUSTRY** STATE OF THE STATE Ed Cafateria Worker Bd of 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Samantha Kearns Kooks Elkins 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates af service Same as # Lenis Ward-husband No crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure due to: IMMEDIATE CAUSE (a) attending physician. DUF TO burial, Conditions, if only, which gove Arteriosclerotic heart disease manifest by left ventricular aneurysm myocardial infarction, old rise to immediate cause (o). DHF TO stating the underlying cause To FUNERAL DIRECTOR: After this certificate has been to Fune many a should be detached for use as the prior to coronary occlusion, old last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for use YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II af item 1B.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 90 (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Nat While While State at work L at wark . 1966 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram 1966, and that death accurred at 1260M, from causes and an the date stated above saw the deceased alive an_ 220. SIGNATURE 22b. DATE/SIGNED ATTENDING DIRECTOR M.D. PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) John J. Curry, M.D. should 23d. LOCATION (City or Town) (State) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) Fulks Cemetery Lincoln County. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Pumphrey

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17555 CERTIFICATE OF DEATH death. he law requires that the death certificate be executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) physician and campletely filled in by the funeral en please remove carban papers. Pages 1 and 1. PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (If autside arporate limits. c. LENGTH OF STAY IN 1b. (If outside carparate limits, write RURAL and give neores town write RURAL and give negrest town) LARKS DURG THESOT ban papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO 4. DATE 3. NAME OF First Middle Last Day Year DECEASED DEATH 19 event. (Type or print) DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) Manths Days Hours DIVORCED WIDOWED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) andin COUNTRY 2 during most of warland life, even if retired) owner. 13. FATHER'S NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) 214-36-4250 INTERVAL BETWEEN ONSET AND DEATH NOURS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: Cerebral Hemmorhage IMMEDIATE CAUSE (o) signed by Advanced Arteriesclerotic Cardio-Vascular-Renall5 years DUE TO Canditians, if ony, which gave (b) rise to immediate couse (o), DUE TO stoting the underlying cause prior ta O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO 🙀 for 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While 21. I certify that (I) (this provided attended the deceased from 10, 1904 to December, 1900, that (I) (W) lost saw the deceased alive on December 22, 1900, and that death accurred at 4:201 M, fram causes and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. X DIRECTOR PHYS. M.D. 22d. ADDRESS 9701 Church Street. 22c. PHYSICIAN'S M. McKendree Boyer. NAME (Type) Damaseus. Maryland. directar, should 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Browningsville, Md. Dec.28, 1966 Bethesda Meth. Burial 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Olin L. Molesworth, Damascus, Md.



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MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17557 CERTIFICATE OF DEATH death. requires that the deoth certificate be executed within 24 hours after deoth puo 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)/ and completely filled in by the funeral a. COUNTY b. COUNTY D.C. MONT YOME MARYLAND CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) ETHESDA d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 NO R YES NAME OF Middle Lost DATE Manth Day Year First DECEASED 19 66 (Type ar print) ANIE DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OF KACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Doys Haurs WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? pleose during most of working life, even if retired) INDUSTRY R 9 House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the offending phys INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 8809-2 nd Ouc. 5.5. md. (Yes, no, or unknown) (If yes give war ar dates of service 0 7776 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
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MARYLAND STATE DEPARTMENT OF HEALTH

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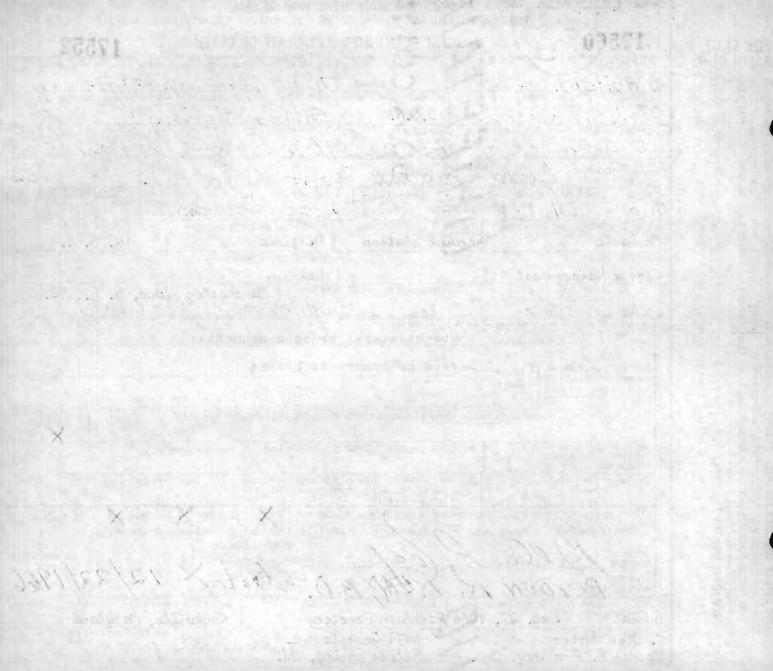
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death death. PLACE DF DEATH 1. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY completely filled in by the 1 we carbon papers. Pages 1 event, within 72 hours after after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give rearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours arrway Hills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 6006 Benalder Dr. 6006 Benalder Drive YES NO L executed within 3. NAME OF DATE Middle Last Month Day DECEASED OF Weaver 12 30 (Type or print) 1966 DEATH 5. SEX remove 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 7. MARRIED NEVER MARRIED last birthday) Months Days and Then please remorements of the please removal, and in any Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? attending physician rmit. Then please pe during most of working life, even if retired) INDUSTRY Deratos ifficate 10/61 13/ FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. has been signed by the attention as the burial-transit permit. prior to burial, cremation, or it (If yes give war, or dates of service) death 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying ceuse last. After this certificate has Id be detached for use as e State Dept, of Health prior (C) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? resemators YES NO P 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg etc.) Hour a.m. While_ Not While 19 at work at work p.m. FUNERAL DIRECTOR: Af lirector, page 3 should I hould be filed with the S retained this hospital) attended the deceased from and that death occurred at 1/5 M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE pe director, page should be filed v STAFF PHYS. M.D. DIRECTOR PHYS Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 10 Burlal 1-4-67 Arlington Natl Cem. Arlington. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) A. PUMPHREY, Bethesda, Maryland 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17559 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. gud 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Montgomery MARYLAND b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h write RURAL and give negrest town) hours 14 days Forest Heights Bethesda (Rural papers. hin 72 hc IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 108 Comanche Drive YES NO TO Naval Hospital Middle NAME OF First 4. DATE Lost Month Doy Year DECEASED 19 66 WEBER December (Type or print) Charles Herman DEATH IF UNDER 24 HRS. 9. AGE (In years IF LINDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Hours Dovs Apr. 13, 1931 Male Cauc. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician on please please during most of working life, even if retired) INDUSTRY COUNTRY? USA Evansville, Ind. U.S. Navy 14. MOTHER'S MAIDEN NAME Myrtle Ruth Humphrey Michael Weber Herman the attending passit permit. The Forest Height Andress Md. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Mercedes Weber. 108 Comanche Drive 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

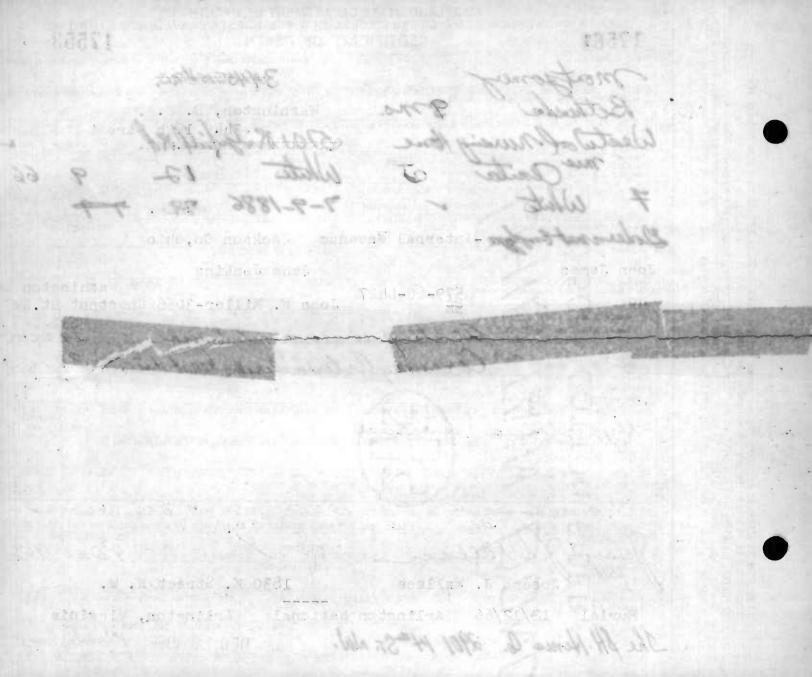
Acute Ten INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Acute Leukemia IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been os the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? PHYSICIAN: The NO K far 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING the hospital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Not While factory, street, office bldg., etc.) ot work 19,66 to Dec. 21 . 19 66, that (\$\mathbb{K}(we) last 21. I certify that **() (this haspital) attended the deceased from Dec. 7 1966 and that death accurred at 0910 M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. Dec. 21,1966 director, page 3 shauld be filed v M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) David R. Foreman, M.D. Naval Hospital, Bethesda, Md. 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b. DATE THEREOF (County) Dec. 23-66 Arlington, Virginia Arlington National 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Simmons Brothers Charles VR A15 (4) 1661 Good Hope Road, S. E. Washington, D.C. DATE 20 M 1/66

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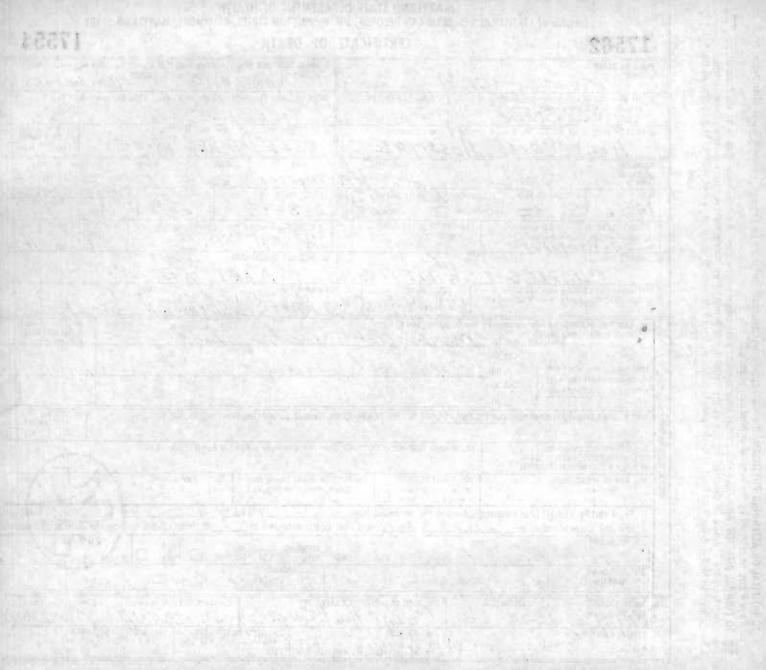
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FOR STATE	17560	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	17552 /
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iy delay is and 3 to PM3. Page artment of fter death.	b. CITY OR TOWN It outside corporate limits.	MARYLAND C. LENGTH OF STAY IN 1b	n. STATE maryland c. CITY OR TOWN At outside corporate limits, write RUR	Jame FIL
2, and PM3 PM3 partmafter	Jakoma Pas	-K D.O.A.	Silver Spring	13.1
De To De	d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
soth. If any de Pages 1, 2, and ith farm PM3. State Departm 2, hours after of	Wash Sar	7. + HOSP.	18 manchester	Place YES NO X
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alang alang with	SEX 6. COLOROR RACE	7. MARRIED NE VER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	Months Days Hours Min.
hours Item 1 Office and 2 event	male while	,WIDOWED DUVORCED Z	2-22-12 15x452 yrs.	
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hin 24 ncil in niner's pages 1 in any	13. FATHER'S NAME	pervice Junion	Urginia 14. MOTHER'S MAIDEN NAME	и. э. н.
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h with her Exar	George Harvey West 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT IS Manager to Maddres	S C C MI
d be executed within 24 d "pending" in pencil in Chief Medical Examiner's transit permit. File pages , ar remaval, and in any	(Yes, no, or unknown) (If yes give war or dotes of None		, 10 runchester place	Druman
execution of Medical forming it permi	18. CAUSE OF DEATH (Enter only one coust	e per-line for (o), (b), ond (c).)		INTERVAL BETWEEN
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rifico riting arde d as ial, c		()	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
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This icate be be I be I be I be I be	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING C	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)	115 10 10
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AMIN the the and the set and t	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	(County) (State)
L EXA kecute Page far yau R: Pag	21. I certify that I taak charge	af the remains described abave, he	ld an Autapsy 💢 , Inspection 💢 , Inqui	ry X, and in my apiniar
	death resulted from: Natural	causes Actident , Suic	ide [], Hamicide [], Undefermined mo	nner 🔲
MEDTI please director retained DIREC	ACTUAL ADOO	11//	CHIEF MEDICAL EXAMINER	
Y N Ple of d d d d d d d d d d d d d d d d d d	SIGNATURE Selecen	KALEAR	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
necessary, please extremely please extremely function of the f	EXAMINER'S DELOEN	K. KEAP M	DEBUTY MODICAL EXAMINER Address (Street, Hery, 16wh, or county)	4 23/1466
the fee Hec	230. BURIAL CREMATION, 23b. DATE THER DEC. 27.			, , ,
Wasses of A	24. FUNERAL DIRECTOR CArter	blentates 8434 Georg	250 RECD BY REGISTRAR 256 REC	SISTRAR'S SIGNATURE
VR A15ME (5) 126 6M 1/66	Warner E. Pumphrey	Inc. Silver Spr	ing. Marie 27 1966 40	and and



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Washington, D. C. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO A Middle 4. Month DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. DATE OF BIRTH NEVER MARRIED WIDOWED A attending physician a srmit. Then please re in, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Revenue -Internal Jackson Co. Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John James Jane Jenkins 16, SOCIAL SECURITY NO. 1 17. INFORMANT 579-60-8427 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Washington D (Yes, no, or unkown) (If yes give war or dates of service) Miller-3056 Chestnut St.NW John F. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: MANEONATE CAUSE DUE TO Conditions, If eny, which gave rise to immediate DUE TO cause (a), stating the has be as th prior underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO I 20a. ACCIDENT WAS UNDERLYING OR CONVRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year I 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour e.m. While Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from 15 SEPT, 1966, to 9 DEC, 1966, that (1) (we) last 19 66, and that death occurred at 45AM, from the causes and on the date stated above. DIRECTOR age 3 short led with t saw the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR PHYSIC AN'S NAME (Type) 22d. ADDRESS director, p 1830 K. Street N Joseph J. Wallace 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify)
Burial 2 Arlington National Arlington Virginia 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1866 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17554 17562 CERTIFICATE OF DEATH death. The law requires that the death certificate be executed within 24 haurs after death by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY ONTGOMER MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR IOWN (If outside carporote limits, write RURAL and give neorest tawn) write RURAL and give negrest town) OCKVILLE SILVER DPRING d. NAME OF HOSPITAL OR INSTIBUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO we carbon eyent, with NAME OF First Middle DATE Manth Day Year DECEASED HARLES TTINGTOI 2 4 66 19 (Type or print) DEATH SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours 2-8-WIDOWED DIVORCED and in any pup 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, ar foreign country) physician a COUNTRY,? during most of warking life, even if retired), INDUSTRY SALESMAN 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) ((If yes give war ar dotes of service) cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).) transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by t burial-trans burial, crem IMMEDIATE CAUSE (o) by the haspital ar attending physician DUF TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying cause the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) with the State Dept. af Health YES NO DIRECTOR: After this certificate far 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Not While ot wark L ot wark 21. I certify that (I) (this hospital) attended the deceased fram. , 1960, to 101024, 1966, that (1) (we) last Dec 2 3 1966, and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS. M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL 5103 MARLBORU NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR RECO BY REGISTRANGE 25b REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17563 requires that the death certificate be executed within 24 haurs after death eath pup 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and campletely filled in by the funeral new-olease remave carban papers. Pages and PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Virginia Montgomery MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

Bethesda (rural) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Norfolk 2 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 7718 Enfield Street Naval Hospital NO K YES 3. NAME OF Middle Lost 4. DATE Month Year DECEASED 19 66 December 18 Charles Edward WIBLE DEATH (Type or print) 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Days Dec. 16, 1966 WIDOWED DIVORCED Cauc Male 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) **INDUSTRY** Portsmouth, Virginia USA N/A

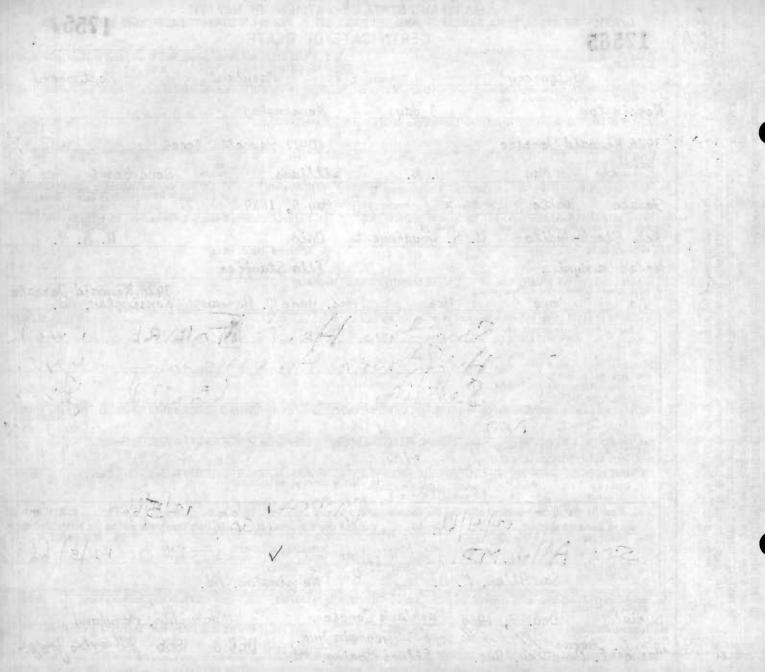
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Esperanza Gomez William Kenneth Wible Virginia 17. INFORMANT Norfolk Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknawn) (If yes give war or dotes of service) LCDR William K. Wible, 7718 Enfield St. N/A 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit Hypoplasia of the left ventrical, patent PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by ductus arteriosus DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO PHYSICIAN: far 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (this haspital) attended the deceased fram Dec. 17, 1966, to Dec. 18, 1966 that (we) last saw the deceased alive an Dec. 18 1966, and that death accurred at 120PM, fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. Dec. 20,1966 M.D. PHYS. Naval Hospital, Bethesda, Md. 22c. PHYSICIAN'S director, purificial de fi Jerry J. Tomasovic, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 12-21-66 Arlington National Arlington, Va. Burial 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home VR A15 (4) 20 M 1/66 7557 Wisconsin Ave., Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17556 17564 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) and campletely filled in by the funeral remove rarbon papers. Pages 1 and b. COUNTY ontgomery MARYLAND b. CITY OR TOWN If outside corporate limits, c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) thesda Nheat d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within NO YES orbon 3. NAME OF Middle DATE Month Year Doy DECEASED 2 196 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED HEVER MARRIED DATE OF BIRTH lost birthdoy) Months Dovs Hours 1894 6.18 DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? please INDUSTRY pup Kevenue Ptired terna 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hristenson 16. SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service See Item 2. WW burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the priar ta has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION YES NO TO FUNERAL DIRECTOR: After this certificate Po DESCRIBETION INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. af detached 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work ot work 21. I certify that (1) (this hospital) attended the deceased from 10 1966 to 0 196, and that death occurred at 1000 M, from couses and on the date stated above. saw the deceased alive on_ 22o. SIGNATURE DATESIGNED ATTENDING director, pay DIRECTOR M.D. PHYS. 22d. 22c. PHYSICIAN'S C. Macon NAME (Type) Robert 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) Cremation Hill Crematory Suitland Cedar _73_796 REGISTRAR'S SIGNATURE W REC'D BY REGISTRAR Joseph awler Inc. VR A15 (4) 20 M 1/66 sh. Wisc. Ave.

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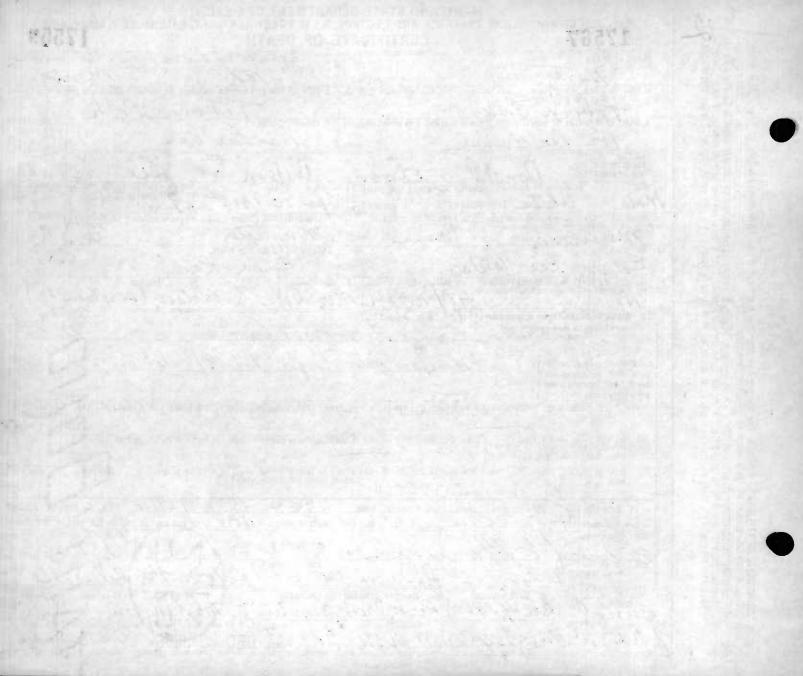
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 11/10 CERTIFICATE OF DEATH death. funeral and PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY after Maryland Montgomeru Montgome ru the MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) papers. 172 hours write RURAL and give nearest town) hours Kensington Kensington days .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled within 72 ON A FARM? NOK 3926 Kincaid Terrace Pawcett Street YES completely carbon 3. NAME OF Last DATE Month Day Year First Middie DECEASED Williams December 5 event, Mau DEATH 19 66 (Type or print) executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. emove 7. MARRIED NEVER MARRIED any Temale WIDOWED K DIVORCED May 6 .5 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease pe during most of working life, even if retired) INDUSTRY COUNTRY? and Clerk-Auditor Ohio Government certificate 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella Stauffer Homer Vandyning 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. atten Kincaid Derrace been signed by the attent the burial-transit permit or to burial, cremation, of death (Yes. no. or unknown) (If yes give war or dates of service) None June Iderman INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: the hospital or attending physician. 1MMEDIATE CAUSE (a) DUE TO Conditions, If any, which (h' gave rise to immediate the jor to DUE TO (a), stating the r this certificate has be detached for use as to the Dept. of Health prior underlying cause last." CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) Hour a.m. Not Witte After id be de State While be retained by at work 19 at work ATTENDING p.m. director, page 3 should should be filed with the 21. I certify that (I) (this-hospital) attended the deceased from that (I) (we) last and that death occurred at 30 M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. page DIRECTOR Page 4 may l M.D. PHYS. Maryland 22d. ADDRESS PHYSICIAN'S director, p NAME (Type) Kensington. Md (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Parklawn (emeteru 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 24. 19166 VR A15 (4) DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17566 by the funeral .. Pages 1 and 2 PLACE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY TOWN (If outside corporate limits, write RURAL and give nearest tawn) event, within 72 haurs aft d. STREET AP e. IS RESIDENCE ON A FARM? and campletely filled in remave carban papers. d. NAME OF HOSPIJAN OR INSTITUTION (If not in hospital, give street oddress) YES NO K 3. NAME OF Middle Manth DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HR 9. AGE (In years 6. COLOR OR RACE DATE OF BIRTH S. SEX 7. MARRIED NEVER MARRIED lock birthday) Manths Hours Days WIDOWED DIVORCED and 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) please COUNTRY physician 13. FATHER'S NAME attending phys ar remava 17. INFORMAN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, qo, grunknown) (If yes give war ar dates of service) burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Massive infarction left cerebellum signed by be retained by the hospital or attending physician. Thrombosis, left cerebellar artery Conditions, if ony, which gove rise ta immediate cause (a), Cerebral arteriosclerosis and hypertensive heart disease. stoting the underlying cause priar ta this certificate has been far use as 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health YES X NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) Haur a.m. Nat While factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After , 1966, that (1) (we) last 21. I certify that (1) (this hospitel) attended the deceased fram 11 1966 to 1966, and that death occurred ot/220 PM, from causes and on the date stated above. saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S CUISCONSIN AVE, BETHESDA, MIT NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Citygor Town) (County) (State) 23g. BURIAL CREMATION 23b DATE THEREOF REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** Charles VR A15 (4)

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	1 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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exect	and co remove rany ev	100	NALL WIDOWED DIVORCED Upr. 10.1915 31 yrs.
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ertifi	iding ph Then remova	45	Edgar Kee Welson Edna Lee
The law requires that the death certificate be executed within	atter mit. n, or	(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT S, no, or withown (If yes give war or dates of service) 484 10-4261 Mrs. Lois L. Wilson (Pane as #2)
the	d by the ransit per cremation		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
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PHYSICIAN:	E T P T	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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N N	Af A		21. I certify that (I) (this hospital) attended the deceased from 1962, 19 to 15 Rec, 1965 that (I) (we) last
OR ATTENDING	CTO CTO Sho /ith t		saw the deceased alive on 150cc 19 6 and that death occurred at 11 M, from the causes and on the date stated above.
L OR	L DIRE		ATTENDING MED. STAFF DIRECTOR
HOSPITAL	Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22c. PHYSICIAN'S Evest E. Harmon New 930/ Colesville Rel Selfer.
2 P	Page 10 FU direct shou	23a	BEMOVAL (Speptfy) Nec 19 1966 Rink (Mark Charles Three hand)
		24	FUNERAL DIRECTOR ADDRESS 25a REGISTRAR 25b. REGISTRAR'S SIGNATURE
	R AI5 (4)	1	duhur Walling 254 Carroll PUNN. 4 (DATE DEC 19 1968 y Charles Judge



1	AN	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR ST	TATE		560
HEALTH .º 2 & B	DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before the county by the co	ore admission)
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MEDICAL please exe director.	-0 %	death resulted from: Natural causes Accident , Suicide , Homicide , Underermined monther	a my opinion
	SAL or it	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPLOY M.D. ASSISTANT MEDICAL EXAMINER DEPLOY DEPLOY MEDICAL EXAMINER DEPLOY	22. DATE SIGNED
O DEPUTY necessary, the funeral	Health C	NAME (Type) 2 230 BURIAL CREMATION 23b DATE THEREOF 2 23c NAME OF CHAPTERY OR CHAMBORY 23d JOCATION (City or Town) (Control of Control of Contr	1766 y) 0, (State) 1
-	P	Bremoval (species) 12/27/66 It Lincoln Cemelery Colman Manor Fro 24. FUNERAL PRECTOR 250, REGISTRAR 250, REGISTRAR 250, REGISTRAR'S SIGNATURE 250, REGIO BY REGISTRAR 250, REGISTRAR'S SIGNATURE.	Teo Md
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2	1		STATE DEPARTMENT OF HEALTH CORDS, 301 W. PRESTON STREET, BALTIMORE	, MARYLAND 21201
			TIFICATE OF DEATH	17561
ter deoth	ompletely filled in by the funerol ve corbon papers. Pages / Ond 2 event, within 72 hours after death		2. USUAL RESIDENCE (Where deceased lived on STATE Maryland	b. COUNTY Montamer
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cate be e	e e e e e e e e e e e e e e e e e e e	10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 13. FATHER'S NAME	DR 11. BIRTHPLACE (County & State, ar fareign co	untry) 12. CITIZEN OF WHAT COUNTRY?
death certific	the attending phys nsit permit. Then p motion, or removol,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates af service)	Nora	Youngwood, PA.
The law requires that the death certificate be executed within 24 hours after death offending physician	signed by buriol-trol buriol, cre	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause	hrosclerosis	INTERVAL BETWEEN ONSET AND DEATH 2111 A. 1 15 yrs, Less
	After this certificate has been be detached for use as the State Dept. of Health prior to	lost. (c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA Andrewale, Cause under RY OCCURRED. (Enter nature of injury in Part I or Port II of it	termined YES NO X
DING PHYSICIAN: by the hospital or	fer this cert be detoched fote Dept. o	20c. TIME OF INJURY Month, Day, Year Haur a.m. 19 While at work at wark	factory, street, affice bldg., etc.)	or town) (County) (State)
OR ATTENE	TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for u should be filed with the Stote Dept. of Healt	21. I certify that (I) (this hospital) attended the deceased alive an 1966 220. SIGNATURE 220. PHYSICIAN'S	6, and that death accurred at21/5AM, fram	n causes and an the date stated abave 22b. DATE SIGNED
O HOSPITAL	FUNERAL irector, po hould be fi	NAME (Type) PHILIP H. VARNER 230 BIRIAL CREMATION 23b DATE THEREOF 123c NAME OF	CEMETERY OR CREMATORY 23d. JOCATION	City or Town) (County) (State) CIVOCD, PINN A.
5	VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR ADDRESS U. W. Chambers C. Ruser		25b. REGISTRAR'S SIGNATURE

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived If institution, Residence before edinission) MARYLAND c. LENGTH OF STAY IN 16 outside corporete limits, write RURAL end give neerest town INSTITUTION (if not in hospitel, give street eddress) IS RESIDENCE ON A FARM YES NO NAME OF DATE DECEASED / OF (Type or print) DEATH 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS last wirthday) Months Doys WIDOWED 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Labor U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive werordeles of service) Virginia R. Woods Same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Acute Peritonitis due to DUE TO Conditions, if eny, which Perforated Peptic Ulcer geve rise to immediate cause DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN AN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour a.m. While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from: Natural causes V Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL be fo ASSISTANT MEDICAL EXAMINER DATE SIGNED S SIGNATURE DEPUTY. EXAMINER'S R CREMATORY 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) 40 Laytonsville Laytonsville 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VR A15ME 5M 1/62

STARKE " Missylvey & Mostgon BEBERT EARL MOODS - DEC. Males Cauc 3-26-1920 46 City Government Tenn. .A.S.U. Lichard I cods enothi . offr. Virtinio 1. Woods See 2 O. urial ec. 18 19 & maytonsville Legtonsville +6.1 ranc's 4. Pricer Leytonsville, 1d.

tem 18 Film 386 3-9-67 amaryLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17571 death. law requires that the death certificate be executed within 24 hours after death. orfending physicion and completely filled in by the funeral permit. Then please remove carbon papers. Pages 1 and on a remove, within 72 hours after deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY a. STATE Montgomery Virginia MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawa)
Bethesda (rural) 19 days Arlington d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2436 North Glebe Road Naval Hospital YES NO X 4. DATE 3. NAME OF Middle Lost Month Year DECEASED WRIGHT Talmadge December 13 (Type ar print) Percy DEATH AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH laspoirthday) Months Doys Hours Nov. 18, 1885 Male Cauc. WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane during mast a warking life, wen if retired (Retired) **COUNTRY?** INDUSTRY USA Huntingdon, Penn. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jeanette Bell Steel Thomas J. Wright 17. INFORMANT Arlington Address Va. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dotes of service) Mrs. Florence Wright, 2436 North Glebe Rd. 577-52-3612 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bronchopneumonia/ Arteriosclerotic cardio-IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physicion. DUE TO vascular disease, advanced and severe Canditians, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been use os the 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Fracture, simple. lef Arteriosclerotic heart/disease YES DC for 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH shauld be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. factory, street, affice bldg., etc.) 21. I certify that (x (this hospital) attended the deceased fram Nov. 24 1966 ta Dec. 13 , 19 66 that (1x (we) last 19 66, and that death accurred at 955PM, fram causes and an the date stated abave. saw the deceased alive an Dec. 13 22b. DATE SIGNED 22a. SIGNATURI ATTENDING STAFF PHYS. Dec. 15, 1966 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S E. PERLIN. M. D. Naval Hospital, Bethesda, Md. NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23a. BURIAL, CREMATION, Burial (Specify) Dec.19,1966 Arlington National Arlington, Va. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ives Funeral Home VR A15 (4) 20 M 1/66 1966 2847 Wilson Blvd. Arlington, Va.

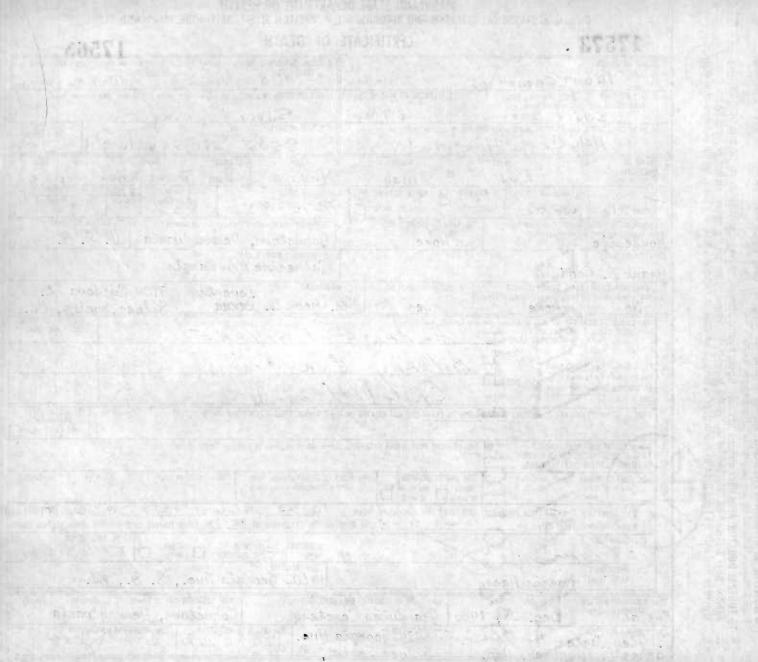
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	9- 4-6	The second secon	ccurred at M. fram causes and an the date stated abave
	AL OR ATTEND y be retained L DIRECTOR: A age 3 shauld filed with the S	220. SIGNATURE M.D. ATTEND M.D. PHYS. 22d	ING MED. STAFF 22b. DATE SIGNED 12-24-66
	20400	NAME (Type) Morris Perry 116	02 Georgia Ave., S. S., Md.
	TO HOSPII Page 4 m TO FUNER, director, shauld b	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) Dec. 28, 1966 Grandview Cemeter	
	VR A15 (4)	24. FUNERAL DIRECTOR C. G. len Carty 8 40 PRESS Georgia Ave	250 REGISTRAR 250 REGISTRAR'S SIGNATURE



EAT		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17574 CERTIFICA'IE OF DEATH 17566
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OR ATTENI may be retain DIRECTOR: 3 should be de e State Dept.		21. I certify that (I) (this hospital) attended the deceased from 19, 19
ITAL age 4 RAL page 5		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 12/4/66 226. PHYSICIAN'S 22d. ADDRESS 9.21 8 1/2 COORGIN ATTENDING
TO HOSPITAL death, Page 4 TO FUNERAL director, page be filed with the	-	NAME (Type Timothy J. Tehan Bethesda, Maryland Burial, Cremation, 23b. Date thereof removal (Specify) Burial, Cremation, 23b. Date thereof removal (Specify) 23d. LOCATION (City, town or county) (Stete)
VR A15 (4)	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERT A. PUMPHREY, Bethesda, Maryland ADDRESS ADDRES
20M 5-63	-	

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